

INSURER: -----

# FIDELITY GUARANTEE CLAIM FORM

This Claim Form is to be completed by the insured and sent to the Insurer immediately the damage/loss/fraud is discovered and its extent and cost can be estimated.

The Company does not admit liability by the issue of this form.

Insured: \_\_\_\_\_ Policy No. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

1. Branch (where the loss occurred): \_\_\_\_\_

2. Location of Branch: \_\_\_\_\_

3. Name of (Branch) Manager: \_\_\_\_\_

4. Name(s) of Schedule Officer(s): \_\_\_\_\_

\_\_\_\_\_

5. Name(s) of culprits: If known: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How was loss/damage/fraud (detected): \_\_\_\_\_

\_\_\_\_\_

7. Brief account of the loss/damage/fraud (or attach typewritten account)

8. Date on which loss/damage/fraud was detected: \_\_\_\_\_

9. If continuous act give duration of act: From: \_\_\_\_\_  
\_\_\_\_\_ To: \_\_\_\_\_

10. Total amount of claim: \_\_\_\_\_

11. Analysis of breakdown of amount of claim:

12. Measures taken to minimize future loss/damage

13. Under which portion of policy are you claiming: \_\_\_\_\_

14. Is the incident reported to the police? \_\_\_\_\_

If yes which Police Station: \_\_\_\_\_

15. Have you insured with any other company? \_\_\_\_\_

If yes please give name of the company: \_\_\_\_\_

**NB:** Any other information could be typewritten and attached.

The undersigned hereby declares that the above information is given in good faith and the best of his knowledge.

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Signature: \_\_\_\_\_