



**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

\*Name of Insured: ..... Policy No.: .....

\*Address : ..... \*Telephone .....

\*Email: .....

1. \*(i) Branch (Where the loss occurred): .....

\*(ii) Location of Branch: .....

2. \*(i) Name of (Branch) Manager: .....

\*(ii) Name(s) of Schedule Officer(s): .....

\*(iii) Name(s) of culprits: If known: .....

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.....

3. \*How was loss / damage / fraud detected: .....

.....  
.....

4. \*Brief account of the loss / damage / fraud ( or attach typewritten account)

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.....  
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.....

5. \*(i) Date on which loss / damage / fraud was detected: .....

\*(ii) If continuous act give duration of act: From.....

6. *\*(i) Total amount of claim:* .....
- \*(ii) Analysis or breakdown of amount of claim:* .....
- .....
- .....
- .....
- .....
- .....
7. *\*Measures taken to minimize future loss / damage / fraud:*
- .....
- .....
- .....
- .....
8. *\*Under which section of policy was loss detected?* .....
9. *\* (i) Is the incident reported to the police?* .....
- \*(ii) If yes please give name of the company?* .....
10. *\*(i) Have you insured with any other Company?* .....
- \*(ii) 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 to the best of his Knowledge.

Signature: .....

Date: .....

**NB: COMPULSORY FIELDS ARE MARKED IN ASTERISK (\*)**

