Fidelity Guarantee Claim Form

natsure

Policyholder details

Insured	
Policy number	
Business or occupation	
Full address	

Tel (home)	Tel (work)	Cell

The loss

When was the loss discovered?	

Name(s) of the defaulting employees and their respective positions

Name		Position	
Name		Position	
Name		Position	

What system of supervision and check was in place to avoid such defaults? (Attach detailed report)

Police notification

Have the police been notified?	◯ Y	◯ N
If yes, name of police station		
Date of notification		
Name of person who notified police		

Amount of loss

State the period during which the default took place

What is the total amount of loss? R

Give full details of how this amount has been calculated (see attached schedule)

Has the amount of loss been certified by Accountants or Auditors? ◯ Y ◯ N

If so, attach the Accountant's / Auditor's report.

Have the employees been involved in or been suspended of any previous loss?

◯ Y ◯ N If yes, give details.

Circumstances of the loss

Give full details of the circumstances of the loss and how it was discovered

What methods were used to conceal the defalcations?

What steps have been taken to prevent recurrence?

Monies and security

Have any other monies due to the defaulting employee been withheld? ◯ Y ◯ N

If yes, provide details

Salary
R

Commission
R

Pension / Gratuity
R

Leave pay
R

Other
R

Total
R

Do you hold any other Guarantee or Security for the employees?

◯ Y ◯ N If yes, provide details.

Declaration

I / We hereby declare the foregoing particulars to be true and accurate in every respect.

Signed at

Date

Name

Capacity

Signature

Date