



**Head Office: Plot 1412, Santa Clara Court, Ahmadu Bello Way, Victoria Island, Lagos
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**FIDELITY GUARANTEE CLAIM FORM
THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM**

POLICY NO _____

Insured:

Address:

Trade or Business Number of Employees

The following information is to be furnished by the Employer, and full details should be given in order to avoid delay.

EMPLOYERS DETAILS

1. (a) Name of Employer in full
- (b) Full Address

PERSON(S) GUARANTEED

1. (a) Name(s) of Defaulting employee/culprit in full
- (b) His or Her present address

LOSS DETAILS

2. (a) Date of discovery of Defalcation
- (b) Duration of Defalcation
- (c) How was it discovered/what led to its discovery?
- (d) How exactly was the defalcation committed?
(If this space is not sufficient, please attach a Certified statement containing all entries in your books of accounts relative to the declaration in their order of dates).
- (e) Amount of loss sustained.
- (f) Has the Person(s) Guaranteed been involved in any Irregularities before?
- (g) Has the Person(s) been discharged from your service? If so, on what date?
- (h) Has a proposal for settlement been put forward by the above person(s)?

LOSS ESTIMATE

3. (a) Salary/Remuneration/Commission/Benefits due to Person(s) Guaranteed.

4. Please reply fully to the following questions regarding the duties of the employee at the time of defalcation:

- (a) In what capacity was he engaged and where?
- (b) In what ways did money reach his hands?
- (c) What was the largest sum which he had in his hands at any one time and for how long?
- (d) Was he allowed to pay out any amounts on your Behalf?
- (e) Who authorized these payments?
- (f) Was he required to give printed receipts from a book of counterfoils examined and checked, and by whom?
- (g) Where moneys paid into the bank by the defaulting employees? If so, how often were the books examined and checked, and by whom?
- (h) How often were accounts sent direct to customers Independently of the employee?
- (i) Did the employee have charge of stock? If so, how Often was it checked?
- (j) What methods were used to conceal the defalcations

5. How often were the Accounts books at the place of the Defaulting employees employment audited and by whom?

6. (a) Do you hold any other guarantee or security for the Employee
(b) If yes, give details

7. Is the defaulter a member of a joint family, or does he hold any property furniture or other effects?
If so, give details.

8. Has the employee any near relatives? If so, give their Names and address if known.

9. Have you taken any action against the employee? If so, State the nature.

10. Has the loss been reported to the police? If so, state at which police station and what action, if any has been taken by them.

11. What steps have been taken to prevent recurrence?

12. Have suffered any Fidelity Guarantee claim before? If so, Please give details

13. Have you ever made a claim under a Fidelity Guarantee Policy? If so, Please give details

I/We do hereby declare that, to the best of my/our knowledge and belief, the foregoing particulars are true and correct.

Date Insured's Signature