



# SRIC

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## FIDELITY GUARANTEE CLAIM FORM

### POLICY DETAILS

FAILURE TO FULLY ANSWER ALL QUESTIONS MAY PREJUDICE ANY CLAIM

Claim No.

Policy Number  Inception Date

Current Period From  To

Date last premium paid

Name of Insured

Address

Email Address

Telephone Number

Name of Defaulter

Present or last known Address

Occupation and Duties

Since when?

Date first Employed  Always employed as above? Yes  No

If no, details

Date of discovery of default  By whom?

Since what date has the default been carried on and in what manner was it concealed? (continue on overleaf, if necessary)

What led to its discovery?

Has there been any previous irregularity in defaulter's accounts/behaviour/duties? If so, give details.

To which police station reported  Police Reference

Have you any indemnity or security respecting the defaulter other than the above Policy? Yes  No

Has he/she, so far as you know, any property or other assets? If yes, give details Yes  No

Detail any salary, commission, other remuneration or allowance which, but for the default, would have been due to him (such must be offset against any claim payable)



What is the amount of default as at present ascertained?

(please attach any supporting documentation)

I/WE declare the foregoing particulars to be true and undertake to render every assistance in my/our power in dealing with the matter. I/we Understand that any investigation by, or on behalf of Insurers are made upon a without prejudice basis.

Date

DD / MM / YYYY

Signature