

FIDELITY GUARANTEE CLAIM FORM

*The issue of this claim form does not imply acceptance of the liability
Kindly answer all questions completely in order to help us serve you better*

Name of Insured:

Postal Address :

E-mail Address : Telephone No:

Cell No. : Policy No.:

<p>1. When was the loss discovered?</p>	
<p>2. Give the names of defaulting employees and their respective positions:</p>	<p>(a) Name..... Position</p> <p>(b) Name..... Position</p> <p>(c) Name..... Position</p>
<p>3. (a) Have the Police been notified? (b) If Yes: (i) Name of Police Station (ii) Give date of notification (iii) Give name of person who notified the police</p>	<p>(a) Yes / No</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>4. State the period during which the default took place.</p>	
<p>5. What is the total amount of the loss?</p>	
<p>6. (a) Give full details of how this amount has been calculated (see the schedule attached)</p> <p>(b) Has the amount of loss been certified by Accountants or Auditors? If so, attach the Accountant's / Auditor's Report.</p>	



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7. (a) Have the employees been involved in or been suspected of any previous loss? (b) If yes, give details	
8. Give full details of the circumstances of the loss and how it was discovered.	
9. What methods were used to conceal the defalcations?	
10. What steps have been taken to prevent recurrence?	
11. (a) Have any other monies due to the defaulting employee been withheld. (b) If yes, provide details	(a) Yes / No (b) (i) Salary (ii) Commission (iii) Pension/ Gratuity (iv) Leave Pay (v) Other ----- TOTAL _____
12. (a) Do you hold any other guarantee or security for the employee? (b) If yes, give details	(a) Yes / No (b)

DECLARATION

I / We hereby claim the sum of PGK _____ which was misappropriated and declare that the above statement is in all respects true and correct.

SIGANATURE OF CLAIMANT: ----- DATE: -----



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Schedule of sums received but not accounted for
(Attached to Fidelity Guarantee Claim Form)

DATE OF RECEIPT BY DEFAULTER	NAME AND ADDRESS OF CUSTOMER / FIRM FROM WHOM THE MONEY WAS DUE	AMOUNT