

FIDELITY GUARANTEE CLAIM FORM

Branch: _____ Broker: _____ Policy No: _____
Expiry Date: _____

1. Insured's name and address:

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2. Name of defaulter and last known address:

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3. State date and the circumstances in which the default was discovered:

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4. For how long and in what manner has the default been carried on and concealed?

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5. Has there been any previous irregularity in the defaulter's account? If so, state nature of same:

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6. What is the amount of the default as at present ascertained?

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7. Do you hold any security other than the above policy in respect of the defaulter?

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8. State as nearly as you can what salary, commission, or other remuneration or allowance may be due to him:

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9. Has he to your knowledge any property, furniture or other effects?

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Declaration

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

Date: _____ Signature: _____