



**FIDELITY  
GUARANTEE  
INSURANCE**

**CLAIM FORM**

*(Company does not admit liability by the issuance of this form)*

1. Policy Number -----
2. Name of Insured -----
3. Address of the Insured -----
4. E- mail address -----
5. Mobile number -----
6. Name of Defaulter -----
7. Present Address of Defaulter -----  
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8. Position of Defaulter -----
9. Date of Discovery -----
10. Date Defaulter was employed -----
11. Amount defaulted -----
12. How did the fraud happen? (Please give a brief description of loss) -----  
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13. When last was the Account audited? -----
14. Does the Defaulter have any property, furniture or other effects? -----  
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15. Is there any salary, commission or other remuneration or allowance due to the Defaulter? -----
16. Do you hold any other security in addition to this guarantee? -----  
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17. Has the Defaulter been discharged from your service? If so, on what date? -

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18. Has a proposal for settlement been put forward by the organization?

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**Declaration**

I ----- do hereby declare that the information given above is true and correct to the best of my knowledge.

Signature ----- Date -----

**Witness**

Name ----- Address -----

Signature ----- Date -----