



FIDELITY SHIELD
INSURANCE COMPANY LIMITED

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Branch Offices:
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P.O. Box 90103, Mombasa, Kenya
Telephone 312651/4

New Tivoli Centre, Kenyatta Highway,
P.O. Box 25032, Kisumu, Kenya
Telephone 45208

FIDELITY GUARANTEE CLAIM FORM

POLICY NO.....

CLAIM NO.....

1. NAME OF THE INSURED.....

ADDRESS:..... TEL. NO.....

BUSINESS OCCUPATION.....

2. DETAILS OF THE DEFAULTER:

(a) Name.....

(b) Present Address.....

(c) Designation at date of the default.....

(d) Salary per month.....

(e) Terminal benefits paid / payable by way of salary, commission, leave, etc.....

(f) Has he to your knowledge any tangible property such as a house, land, vehicle, furniture etc.
and if so, please give details.....

3. DETAILS OF THE DEFAULT/LOSS:

(a) Date of discovery.....

(b) For how long has the embezzlement been carried on.....

(c) In what manner was the embezzlement concealed?.....

(d) What led to its discovery?.....

(e) What is the present estimated amount of your loss?.....

(f) Please give details of any previous irregularity in Defaulter's Accounts.....

(g) (a) Person responsible for supervising Employee's Work.....

(b) Your Auditor

NB. PLEASE ATTACH A COPY OF YOUR AUDITOR'S REPORT ON THE EMBEZZLEMENT.

4. **GENERAL:**

(a) Do you held any other Security in addition to this guarantee?.....

(b) Has the defaulter been discharged from your service?

Please give date.....

(c) Have reported the matter to CID for investigation and possible procecution?.....

(d) Has a proposal for settlement been put forward by the defaulter? if so, give details.....

(e) Have you made any recoveries? Details please.....

(f) Please provide us with your calculation of your loss.....

I/We hereby declare the above particulars to be true and correct, and undertake to render every assistance in my/our power in dealing with the matter.

SIGNATURE

DATE.....

COMPANY RUBBER STAMP.