

DONEWELL INSURANCE COMPANY LIMITED



FIDELITY GUARANTEE CLAIM FORM

(The company does not admit liability by the issue of this form)

Policy No.....

Claim No.....

Name of Insured.....

Address.....

.....Telephone No.....

Date of Payment of last Premium.....

Name of Culprit.....

Last Known Address of Culprit.....

Job Description of Culprit at Date of Loss.....

Date of Discovery of the Loss.....

Name of Next of Kin.....

Date Culprit was Employed.....

For how long, and in what manner, has the loss been carried on and concealed?.....

What led to its discovery?.....

.....

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What is the amount of the Loss as at Present Ascertained?.....

What is the amount of the Loss as at present ascertained?.....

Has there been any previous irregularity in the Culprits Accounts? If so, state when, and give particulars.....

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When was the account/stock audited.....

Do you know any property, furniture or other personal effects?.....

Is there any salary, commission or other Remuneration or allowance due the Culprit.....

Do you hold any other security in addition to this Guarantee?.....

Has the Culprit been discharge from your service? If so, on what date?.....

Has a proposal to settle been put forward by the Culprit?.....

I /we declare the foregoing particular to be true and correct and undertake to render every assistance in my/our power in dealing with the matter.

Date:.....

Signature of Insured.....

(If a Limited Company give status of signatory)

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**Please ensure that all questions have been answered,
It is important that this form should be completed and returned to the company AT ONCE.
The company does not admit liability by the issue of this form.**