

**Fidelity Guarantee Claim Form**  
(Private and Confidential)

**The Claimant**

Name of the insured			
Address			
Occupation			
Policy Number		Telephone Nos.	
E-mail Address			
Agency			
1. Name of Defaulter and last known address?			
2. State date of discovery of the irregularities and what led to it?			
3. For how long and in what manner have the embezzlement been carried on and concealed?			
4. Has there been any previous irregularity in the defaulter's account? If so, state nature of same?			
5. What is the total amount of loss?			
6. Has the amount of loss been ascertained by Accountants or Auditors? If so, attach their report.			
7. Do you hold any other security other than the above policy in respect of the Defaulter?			
8. State as nearly as you can what salary, commission, or other remuneration or allowance may be due to him/her?			
9. Has he/her to your knowledge, any property, furniture or other effects?			
10. Mention briefly to what circumstances you can ascribe his/her downfall?			

I/We declare that, to the best of my/our knowledge and belief, these statements are true and correct.

Date

Signature of Insured