Operations OPS10-FGC

Revised: 01/05/2016



FIDELITY GUARANTEE CLAIM FORM

ANSWER ALL QUESTIONS FULLY AND CORRECTLY. FAILURE TO DISCLOSE ANY INFORMATION OR GIVING FALSE INFORMATION MAY RESULT IN THE CLAIM NOT BEING PAID.

INSU	RED:	Name				Po	olicy No				
		Address				Oc	ccupation				
		Email addr	ess			Те	elephone	(bus)			
		Contact Per	rson			Po	sition				
		Mobile									
1.	Address		at	wh	nich		the	1	oss		occurred
2.		id the loss o									
3.	When did the loss or damage occur? Date (s)										
4.	Describe fully how the loss occurred										
5.	When and how was the loss discovered.										
6.	How was the loss perpetrated and concealed										
7.	What system of supervision and checks were in place										
8.	Have you previously suffered a similar loss?Full description of previous										
	_	oss	-						-		•
9.		e been a pre									
10.	Have you instituted recovery against the suspect?										
11.	State in	detail or oth	er remuner	ation du	e to the	Suspect .					
	Has the Suspect, to your knowledge, have any property, movable or immovable if so give										
	details										
13.	What is	your estimat	e value of tl	ne loss ?	\$						
	Give	-			this	amount			rived	at	(Attach
	Cahadul	a)									

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THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

(Please send completed form to NicozDiamond Insurance, Insurance Centre, 30 Samora Machel Avenue or the nearest NicozDiamond Branch or your Broker)

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