

Fidelity Guarantee Claim Form

Important Note

The issue of this form does not imply admission of liability on the part of Zimnat. All questions must be answered fully and correctly. Failure to disclose a material fact will render the claim void. If you are in any doubt of the facts which might be considered material, you should disclose them.

PLEASE USE BLOCK LETTERS

Policy No.:

Insured

Surname:

First name:

Address:

1. When was the loss first discovered?

2. Give the name of the defaulting employees and their respective positions:

a) Surname:	First name:
Office location:	Position:
b) Surname:	First name:
Office location:	Position:
c) Surname:	First name:
Office location:	Position:

3. Have the police been notified? If Yes state Yes No

a) Police station	b) Date of notification:
c) Name of person who notified police:	

4. State the period during which the default took place:

5. What is the total amount of the loss? \$

6. a) Give full details of how this amount has been calculated:

b) Has the amount of loss been certified by accounts or auditor's? Yes No
 If Yes attach the account's/auditor's report.

7. Have the employees been involved in or been suspected of any previous loss? Yes No

If Yes, give details:

8. Give the full details of the circumstances of the loss and how it was discovered:

9. What method(s) were used to conceal the defalcations?

10. What steps have been taken to prevent recurrence?

11. a) Have any other monies due to the defaulting employee been withheld? Yes No

b) If Yes, provide details of:-	Salary	\$
	Commission	\$
	Pension	\$
	Gratuity	\$
	Leave pay	\$
	Other	\$
	Total	\$

12. Do you hold any other guarantee or security for the employee? Yes No

If Yes, give details:

I/We warrant the truth of the answers to the above questions and I/We declare that no information has been withheld and/or that any misrepresentation has been made and that the amount claimed represents my/our loss arising from the above stated occurrence.

Signature of claimant:

Date: