



Fidelity Guarantee Insurance Claim Form

PLEASE COMPLETE IN FULL ALL SECTIONS OF THIS CLAIM FORM AS SOON AS POSSIBLE AFTER THE INCIDENT AND SUBMIT TO SACOS ALL THE REQUIRED DOCUMENTS AS PER CHECKLIST.

IMPORTANT INFORMATION

1. All statements must be factual, not influenced or biased in any form.
2. Please provide Sacos with as much information about the incident as you can.
3. The more information you provide to us, the easier it will be to process your claim. If the spaces provided for answer are inadequate, please write on a separate sheet of paper and attach to your claim form.
4. If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefits under this policy will be forfeited.
5. If discrepancies are seen whilst the investigation is ongoing, the claim will not be validated

1. INSURED DETAILS

POLICY NUMBER

Name

Postal Address

Occupation

Telephone (Mobile)

Telephone (Work)

Email Address

Date of payment of last premium (dd/mm/yyyy)

V.A.T Registration Number

PIN Number

THE PERSON SUBMITTING THIS FORM (IF DIFFERENT FROM POLICYHOLDER)

Name

Postal Address

Telephone (Mobile)

Telephone (Work)

Email Address

2. DEFAULTER/S DETAILS

A. Name of defaulter

Address

Age

Salary per month

Designation at the date of the default

Length of service up to date of the default

Date of Initial fraud

Date of default (dd/mm/yyyy)

Previous position held in company and length of items served

B. Name of defaulter

Address

Age

Salary per month

Designation at the date of the default

Length of service up to date of the default

Date of Initial fraud

Date of default (dd/mm/yyyy)

Previous position held in company and length of items served

C. Name of defaulter

Address

Age

Salary per month

Designation at the date of the default

Length of service up to date of the default

Date of Initial fraud

Date of default (dd/mm/yyyy)

Previous position held in company and length of items served

3. PREVIOUS EMPLOYERS DETAILS

1) Name

Duration

From (dd/mm/yyyy)

To (dd/mm/yyyy)

2) Name

Duration

From (dd/mm/yyyy)

To (dd/mm/yyyy)

3) Name

Duration

From (dd/mm/yyyy)

To (dd/mm/yyyy)

4. DETAILS OF THE CLAIM OR CIRCUMSTANCES

a. Date of discovery (dd/mm/yyyy)

b. For how long has the default been carried and concealed?

c. In what manner has the default been carried out?

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d. What led to its discovery?

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e. What is the amount of the default as at present ascertained?

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f. Have you previously suffered any loss similar to the present one? Yes No

If selected Yes, please state when and provide details as to: Date Discovered - Duration of the default - Amount on Insurer

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g. Has there been any previous irregularity in the defaulter's account? Yes No

If selected Yes, please state when and provide details

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h. On what date were his/her account last checked and found correct by:

i) Auditor (dd/mm/yyyy)

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ii) Person responsible for supervising employee's work (dd/mm/yyyy)

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i. Has the defaulter been discharged from your services? Yes No

If selected Yes, on which date? (dd/mm/yyyy)

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If not discharged, state the action taken

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j. Has the employee, as far as you know, any tangible assets? Yes No

k. Is there any salary, commission or other remuneration or allowance due to the employee Yes No

If selected Yes, please provide details

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l. Has a proposal for settlement been put forward by the defaulter? Yes No

If selected Yes, please provide details

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m. Have you made any recoveries? Yes No

If selected Yes, please state amount

n. Do you hold any other insurance or security in addition to this guarantee? Yes No

If selected Yes, please specify

o. Have you reported the manner to CID or police for investigation and possible prosecution? Yes No

If selected Yes, where and when? (dd/mm/yyyy)

I hereby declare that to the best of my knowledge and belief that statements and particulars contained herein are truthfully made and that i have not withheld any material fact concerning the incident.

Signature of Insured or his/her broker or legal representative

Date and Time

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT (To be submitted to the Sacos office)

- Duly filled and signed claim form
- Police Report
- Police statement
- Calculation of the loss, with supporting documents
- Bank statement of the company
- Daily records of the cash book/ledger
- Video Footage (Optional)