

FIDELITY GUARANTEE CLAIM FORM (Preliminary)

CLAIM No. _____

Name of Insured _____

Address _____

Telephone No. _____

Policy No. _____ Date of Payment of last Premium _____

Name of Defaulter _____ Age _____

Present Address _____

Occupation at the date of the default _____

Date of Discovery of the default _____

For how long, and in what manner,
has the defaulter been carried on and concealed? _____

What led to its discovery? _____

What is the amount of the default as
at present ascertained? _____

Has there been any previous irregularity in
the Defaulters accounts? If so, state when,
and give particulars _____

Has he, so far as you know, any property,
furniture or other effects? _____

Is there any salary, commission or other
remuneration or allowance due to him? _____

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

Has the Defaulter been discharged
from your service? If so, on what date? _____

Has a proposal for settlement been put
forward by the Defaulter? _____

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

Date _____

Signature _____

Address _____

It is important that this form should be completed and returned to the Company AT ONCE
The Company does not admit liability by the issuing of this form