



# GUINEA INSURANCE PLC RC1808

10<sup>th</sup> Floor, Reinsurance House  
46 Marina, Lagos  
01-8446470; 01-4622050-2

## FIDELITY CLAIM FORM

PRIVATE AND CONFIDENTIAL  
PRELIMINARY PARTICULARS TO BE SUPPLIED BY INSURED

1. Name of Insured \_\_\_\_\_  
Business or Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Email Address \_\_\_\_\_
2. Policy No. \_\_\_\_\_
3. Full name and present address of the Employee \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. In what capacity was the Employee acting at the time of the defalcation? \_\_\_\_\_
5. (a) State the nature of the irregularity  
  
(b) How long has it been going on?  
  
(c) How was it done?

6. (a) State the date of employment of the affected employee(s)	(a)
(b) State details of enquiries made by you regarding Employee prior to engagement	(b)
(c) Please attach any written reference obtained before engagement	(c)
7. When was suspicion first aroused, and in what circumstances?	
8. When and in what circumstances was the defalcation confirmed	
9. When were the accounts and stock records last checked and found correct?	
10. Is there any record to believe that any other defalcations have been committed	
11. State the amount of the loss as at present ascertained ( <i>if</i>	

<i>there is more than one default, each loss must be separately stated)</i>	
12. (a) Has the Employee been suspended or dismissed? If so on what date? (b) What salary or commission was then due to him? Has this been retained (c) Give particulars of any (i) Property etc. You hold belonging to him (ii) Pension Fund, Savings, Money etc. Which may be refundable to him	(a)  (b)  (c)
13. Has the Employee admitted the irregularities and offered any explanation?	
14. Has there been any previous irregularity or any shortage of stock attributed to the Employee	
15. (a) Has a proposal for a settlement been put forward by the Employee or any of his friend? If so, please give full particulars (b) Has the employee absconded?	(a)  (b)
16. Since the insurer accepted the risk (a) has the Employee been uninterruptedly in your employment? And (b) have his duties and conditions of service remained the same? If not, give particulars	(a) (b)
17. What was your system of check for this Employee? Please provide full details	
18. Have you any other Guarantee or Security in respect of the Employee? If so, of what nature?	

I declare that all particulars given above are correct

Signature of Insured \_\_\_\_\_

Date \_\_\_\_\_

*The issuance of this Form by the Insurer is not to be considered an admission of liability*