



## Africa Merchant Assurance Co. Ltd.

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NAIROBI - KENYA

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### FIDELITY GUARANTEE CLAIM FORM

The employer must answer all questions on the claim form fully and clearly, then sign and date the form. If the spaces provided for answers are inadequate, please write on and attach a separate sheet of paper.

**PLEASE NOTE:**

1. If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.
2. The issuance of this claim form does not mean acceptance of liability by the Company

#### INSURED'S DETAILS

Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Date of payment of last premium \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Business or Occupation \_\_\_\_\_

V.A.T. registration No. \_\_\_\_\_

PIN Certificate No. \_\_\_\_\_

#### 1. DEFAULTER

a) Name of defaulter \_\_\_\_\_

b) Age \_\_\_\_\_ National Identity Card No. \_\_\_\_\_

c) Present Address \_\_\_\_\_

d) Designation at the date of the default \_\_\_\_\_

d) Salary per month \_\_\_\_\_

e) Length of service in present position \_\_\_\_\_

f) Previous positions held in company and length of time served \_\_\_\_\_

#### 2. DEFAULT

a) Date of discovery \_\_\_\_\_

b) For how long has the default been carried on and concealed? \_\_\_\_\_

c) In what manner has the default been carried out? \_\_\_\_\_

d) What led to its discovery? \_\_\_\_\_

e) What is the amount of the default as at present ascertained? \_\_\_\_\_

**Please attach the calculation of the loss, with its supporting documents**

3. a) Has there been any previous irregularity in the defaulter's accounts? Yes No

If so, state when, and give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) On what dates were his/her accounts last checked and found correct by:

i) Auditor \_\_\_\_\_

ii) Person responsible for supervising employees' work \_\_\_\_\_

c) Has the defaulter been discharged from your service? Yes No

If so, on what date? \_\_\_\_\_

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

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

If so, please give details \_\_\_\_\_  
\_\_\_\_\_

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

If so, please give details \_\_\_\_\_  
\_\_\_\_\_

7. Have you made any recoveries? Yes No

If so, please state amount \_\_\_\_\_

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

If so, please specify \_\_\_\_\_  
\_\_\_\_\_

9. Have you reported the matter to Criminal Investigation Department or police for investigation and possible prosecution? Yes No

If so, where? \_\_\_\_\_

**Please attach the police abstract report.**

I/We declare the foregoing particulars to be true and correct to the best of my/our knowledge and undertake to render all assistance in my/our power in dealing with the matter.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Company Stamp \_\_\_\_\_