Meanwood General Insurance Ltd

Stand No. 1070, Fairview

Great East Road, P.O Box 31334, Lusaka

Tel: +260 211 22 22 13

+260 211 22 22 28

Email: insure@meanwoodgeneral.co.zm

FIDELITY GUARANTEE CLAIM FORM

(The issue of this form does not imply Admission of Liability on the part of the Company)

Please answer all questions fully.

Name of Insured:……...……

Address:…… Tel No:.....

Business or Occupation:……... Policy No:……..……...

1. When was the loss Discovered?..... When did the default took place?.....

2. Give the Name of the defaulting employee and their respective position:

a) Name …… Position …….

b) Name …… Position …….

c) Name …… Position …….

3. What system of supervision and check was in place to prevent such defaults?.....

…….

4. Have you informed the police? If yes; ……. a) Person who reported……

c) Name of Police Station…….. b) Date of notification……..

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

a) How have you calculated this amount?.....

……...

b) Has the amount of loss been Certified by Accountants or Auditors? If yes, attach the Accountant's/ Auditors Report……

6. Have the employees been involved in or been suspected of any previous loss? If yes, give details……..

……..

7. Give full details how the default was done and how it was discovered…….....

……...

……...

8. What methods were used to conceal the Defalcations?.....

……...

……...

9. What steps have you taken to prevent Recurrence?.....

……...

10. Have any other Monies due to the defaulting employee been withheld? If yes;…….

a) Salary ZMK…….

b) Commission ZMK……....

c) Leave pay ZMK…….

d) Pension/ Gratuity ZMK…….

e) Other ZMK…….....

Total ZMK……...……..

11. Do you hold any other Guarantee or Security for the employees? If yes, give details…….

……..

DECLARATION

I/We hereby claim, the sum of ZMK…… which was misappropriated and declare that the above statement is True and Correct.

Signature of claimant…….. Date……..

(Official Stamp)