


WITHOUT PREJUDICE

**FIDELITY GUARANTEE
CLAIM FORM**

**Jubilee Insurance Centre, 14 Parliament Avenue
P.O. Box 10234, Kampala, Uganda
Telephone: +256 414311701  +256 761002060
Email: jazug@allianz.com**

IMPORTANT NOTICE

- 1. THE ISSUING OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY BY THE INSURER**
- 2. ALL QUESTIONS MUST BE ANSWERED**

POLICY NUMBER	
1. Name of insured.	
Address	P.O.BOX.
Occupation	Telephone No.
2. i) Full name of the defaulter	i)
ii) His/her recent or last known address	ii)
iii) Date of first employment with you	iii)
iv) Did you obtain references at the time of his/her employment with you? If so from whom?	iv)
3. State fully the occupation and duties of the defaulter	
4. What is the amount of fraud as at present ascertained?	
5. i) When was the fraud discovered?	i)
ii) By whom was the discovery made?	ii)
iii) State briefly how the fraud was carried out.	iii)

6. i) When was the police notified?	i) Date: _____ Time: _____
	Name of Police Station _____ (Police Abstract report to be attached)
ii) Has any court action been taken or has the defaulter been prosecuted, if so, date and nature of judgment.	ii)
7. Have you any indemnity or security respecting the defaulter other than the above policy? If so, state the particulars.	
8. i) Has the defaulter, so far as you know, any property or other assets? if so, give particulars. ii) Is there any salary, commission, other remuneration or allowance which but for the default would have been due to the defaulter?	i)
	ii)

I/We DECLARE the foregoing particulars to be true and complete.

Date: _____

(Signature & stamp of the Insured)