

GUARANTEE CLAIM FORM



Policy No.: _____ Claim No.: _____

1. Name Of The Insured _____

Address: _____ Tel. No.: _____

Business Occupation: _____

Email Address: _____

2. DETAILS OF THE DEFAULTER:

(a) Name _____

(b) Present Address _____

(c) Designation at date of the default _____

(d) Salary per month _____

(e) Terminal benefits paid/payable by way of salary, commission, leave, etc _____

(f) Has he to your knowledge any tangible property such as a house, land, vehicle, furniture etc. and if so,
please give details _____

3. DETAILS OF THE DEFAULT/LOSS:

(a) Date of discovery ___ / ___ / _____

(b) For how long has the embezzlement been carried on _____

(c) In what manner was the embezzlement concealed? _____

(d) What led to its discovery? _____

(e) What is the present estimated amount of your loss? _____

(f) Please give details of any previous irregularity in Defaulter's Accounts _____

(g) (a) Person responsible for supervising Employee's Work _____

(b) Your Auditor _____

NB. PLEASE ATTACH A COPY OF YOUR AUDITOR'S REPORT ON THE EMBEZZLEMENT.

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4. GENERAL

(a) Do you hold any other Security in addition to this guarantee?.....

(b) Has the defaulter been discharged from your service? Please give date /

Evidence _____

(c) Have reported the matter to CID for investigation and possible prosecution? _____

(d) Has a proposal for settlement been put forward by the defaulter? if so, give

details _____

(e) Have you made any recoveries? Details please _____

(f) Please provide us with your calculation of your loss _____

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

SIGNATURE _____ DATE ___ / ___ / _____

COMPANY RUBBER STAMP