

Fidelity Guarantee Claim Form

Important Note - Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. Failure to complete your form in full will result in the form being returned to you and will hold up the processing of your claim.

Policy no.: _____ Name of Insured: _____ Phone Contact No.: _____		Claim No.: _____ Address: _____ Email: _____	
Misappropriator: Position & Duty:		Address: Phone No.:	
Age:	Sex:	Date of Employment:	Date of discovering misappropriation:
Please explain how the misappropriation was discovered :			
Please explain in detail how the employee misappropriate :			
Where were the police notified?		Time:	AM/PM
Police Station:		Police Officer's name:	
State reason, if not reported to Police:			
Detail of guarantee and outstanding revenue:			
Any guarantee has been given by this employee?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If answer is Yes, describe for guarantee:			
Is there any outstanding revenue still unpaid to the misappropriator?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If answer is Yes, explain in detail and specify the amount:			

