

INSURANCE COMPANY.....

PRIVATE & CONFIDENTIAL
FIDELITY GUARANTEE CLAIM NOTIFICATION
Policy No.

1. Name of Employer.....	
2. Address of Employer.....	
3. Surname and other Names of Employee.....	
4. Address of Employee.....	
5. Number on Policy Schedule.....	
6. Date of appointment of the above-named employee.....	
7. Has he, since that date, been continuously in your service until now?	
8. From what date was his employment by you terminated?.....	
9. (a) On what date were the losses first discovered? (b) From what date have the defalcations Comm. by the employee occurred?... (c) How were the losses first discovered?...	(a) (b) (c)
10. Have the Police been notified? If so, when and where?	
11. (a) State the nature of the defalcations... (b) State as far as is known the extent of the losses you have sustained through the acts (c) Does the employee agree the amount of the deficiency?	(a) (b) (c)
(d) By what method and in circumstances were the defalcations committed?.....	(d)
12. (a) State, in detail, the system of supervision and checking of accounts exercised over the employee..... (b) On what date was the last local check (as opposed the checking of statements of account submitted by the employee or branch) made prior to the discovery of loss?	
13. Have there, to your knowledge, been any previous irregularities committed by the employee? If so, particulars stating whe they first came to your notice.....	

14. Give particulars of the employee's remuneration.	
15. Please furnish details of:- (a) Any security or securities held by You or on your behalf in respect of the above employee other than this Fidelity Guarantee. (b) Any money or property in your custody due or belonging to the employee..... Please note that any such money or property should be retained by you pending our instructions.	
16. Do you know the present whereabouts of the employee?..... If so, give precise details.....	
17. Are you in touch with him/her or with any member of his/her family:.....	
18. Have you removed from the employee's custody all goods or other property belonging to you?.....	
19. Have this employee's customers (if any) been advised that he no longer has authority to represent you?	
20. What investigations regarding the losses have been made to date?.....	
21. If professional accountants are investigating these affairs, please state name and address.....	
22. What references were obtained when the employee was appointed by you?..... Please state names of the previous employers concerned and the periods in each employment... Did any reference suggest any adverse feature?	

DECLARATION BY EMPLOYER

I/We declare the above particulars to be true to the best of my/our knowledge and belief, and I/we undertake to render the Company every assistance in my/our power in dealing with the matter.

Date.....Signature of Employer.....