



associated with  Sanlam group

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## FIDELITY GUARANTEE CLAIM FORM

The issue of this form does not imply admission of liability on the part of the Company.

All questions must be answered fully. Ticks and dashes are not acceptable.

Name of Insured: \_\_\_\_\_

Full Address: \_\_\_\_\_

Policy No.: \_\_\_\_\_

1. (a) When was the loss discovered?	(a)
2. Give the names of defaulting employees and their respective positions:	
(a) Name Position	(a)
(b) Name Position	(b)
(c) Name Position	(c)
3. (a) Have the Police been notified?	(a) Yes / No
(b) If Yes:	
(i) Name of Police Station	(b) ( i )
(ii) Give date of notification	(ii )
(iii) Give name of person who notified the police	(iii)
4. State the period during which the default took place.	
5. What is the total amount of the loss.	K
6. (a) Give full details of how this amount has been calculated (see attached schedule)	(a)
(b) Has the amount of loss been certified by Accounts or Auditors? If so, attach the Accountant's / Auditor's Report.	(b)

7. (a) Have the employees been involved in or been suspected of any previous loss?  (b) If yes, give details	(a)  (b)
8. Give full details of the circumstances of the loss and how it was discovered.	
9. What methods were used to conceal the defalcations?	
10. What steps have been taken to prevent recurrence?	
11. (a) have any other monies due to the defaulting employee been withheld.  (b) If yes, provide details	(a) Yes / No  (b) (i) Salary K _____ (ii) Commission K _____ (iii) Pension/ Gratuity K _____ (iv) Leave Pay K _____ (v) Other _____  TOTAL = _____ _____
12. (a) Do you hold any other guarantee or security for the employee?  (b) If yes, give details	(a) Yes / No  (b)

**DECLARATION**

I / We hereby claim the sum of K \_\_\_\_\_ which was misappropriated and declare that the above statement is in all respects true and correct.

SIGANATURE OF CLAIMANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**SCHEDULE OF SUMS RECEIVED BUT NOT ACCOUNTED FOR  
(ATTACHED TO FIDELITY GUARANTEE CLAIM FORM)**

DATE OF RECEIPT BY DEFAULTER	NAME AND ADDRESS OF CUSTOMR / FIRM FROM WHOM THE MONEY WAS DUE	AMOUNT