

FIDELITY GUARANTEE

CLAIM FORM

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EMPLOYER

Name

Address

Business

Telephone Number

EMPLOYEE

Full Name

Date of Birth

Present or last known address

Occupation & Duties

Date of commencement of employment

Have you any indemnity or security for the default other than the above Policy?

Details of Employees Bank if known

Has he/she so far as you know, any property or other assets

Please give details of any salary, commission, other remuneration or allowance which but for the default would have been due to him/her

DEFAULT

Date of Discovery

What was the manner of the default?

What led to the discovery?

Has there been any previous irregularity on the part of the defaulter?

YES/NO

If YES, please give details

Who is the owner(s) of the Property stolen or lost?

What is the amount of the default so far ascertained?

Is this the final amount?

If the claim relates to Misuse of Telephones, kindly supply the following additional information:

(i) Name and address of the subscriber

(ii) Nature of Business

(iii) Were the Premises occupied by anyone else at the times when the offences were alleged have occurred?

YES/NO

If YES please provide details of the persons

(iv) Did any other person have access to the telephone?

YES/NO

If YES provide details

(v) Period over which the telephone has been misused

(vi) Has the Subscriber submitted an account detailing the telephone calls?

YES/NO

If YES please send copies

(vii) Was the Guard(s) officially on duty during the times of the alleged occurrences?

YES/NO

I/WE WARRANT THE TRUTH OF THE FOREGOING STATEMENT

SIGNATURE

POSITION

DATE

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