



**FIRST INSURANCE COMPANY LIMITED**

“Service Beyond Expectation”

A Subsidiary of NicozDiamond Insurance Limited, Zimbabwe

Plot No.1 Kyadondo Road  
P.O.Box 5245, Kampala-Uganda  
Email:fico@fico.co.ug  
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**FIDELITY GURANTEE CLAIM FORM**

**The issue of this form is not to be taken as an admission of Liability**

***To help us deal with your claim as quickly as possible PLEASE ANSWER ALL QUESTIONS ON THE CLAIM FORM FULLY AND CLEARLY, and sign and date the form.***

POLICY NUMBER	.....
POLICY PERIOD	From ..... To.....
1.Name of Insured in full Address Occupation	..... P.O. Box..... .....
2.a. Full Name of the fraudulent staff b. His/ her recent or last known address c. Date of first employment with you d. Did you obtain references at the time of his/her employment with you? If so from who?	a. .... b. .... ..... Tel. No ..... c..... d..... .....
3.a. State fully the occupation and duties of the fraudulent employee b. For how long and in what manner has the default been carried on and concealed?	..... ..... ..... .....
4. What led to its discovery?	..... .....
5.a. What is the amount of the fraud as ascertained at present? b. Does the employee agree to the amount of the deficiency? c. If not, what efforts have been made to	..... ..... ..... .....

reconcile the difference?	
6.a. When was the matter reported to police and to which station?	Date..... Time.....am/pm Police station .....
b. Has any court action been taken or has the defaulter been prosecuted. If so, date and nature of judgement.	b..... .....
c. If not please advise what other efforts are being made to recover the money from the thieving employee (s)	c..... .....
	(please attach police abstract report)
7. Have you any indemnity or security in respect of the defaulter other than the above policy? If so give particulars.	..... .....
8. Has the defaulter, so far as you know any property or other remuneration or allowance which but for the default would have been due to the defaulter	Property .....
	Salary.....
	Allowance.....
	Retirement Benefits .....
	Others.....
9.a. Has a proposal for settlement been put forward by the defaulter?	a.....
b. If not please explain why?	b..... .....

**DECLARATION**

I/ We the above named, do hereby to the best of my/ our knowledge and behalf, warrant the truth of the foregoing statements in every respect; and I/ We agree that if I/We have made, or in any further declaration to the company in respect of the said loss, shall make any false or fraudulent statement or any suppression or concealment my / our claim shall be absolutely forfeited and the Policy shall henceforth be null and void.

Date.....Insured's Signature/Stamp.....

Name.....

**Please fully complete the above questions and return the claim form with the following:**

- Detailed statement of how the loss occurred
- Police report
- Details of prosecution of fraudulent employee (s)
- Detailed breakdown of loss amount
- Transaction documents in support of the amount embezzled
- Steps taken to recover the monies from the 'thieving' employee (s)
- Audit report relating to the above loss.
- Steps taken to avoid occurrence of a similar loss
- Employment Contract of the defaulting Employee
- Dismissal Letter of the Defaulting Employee