

FIDELITY GUARANTEE CLAIM FORM

(The issuance of this form is not to be taken as an admission of liability by the insurer)

Name of the Insured

Address

Telephone no.

Fax no.

Email:

Policy No.

Date and time of loss

Circumstances of the loss

Have the Police been informed? If yes, attach investigation report

Details of steps taken to recover the money

Name of the person involved

State details of other similar losses sustained by you earlier

The undersigned Insured does hereby declare that the statements made herein are in all respects true and complete. Also he undertakes to refund the amount/(s) received in the event of all or any of the lost articles claimed being received.

Date:

Authorised Signature and Stamp