

# MAYFAIR INSURANCE COMPANY LIMITED

8<sup>TH</sup> FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

P.O. BOX 45161 – 00100, NAIROBI, KENYA

TEL: +254 20 2999 000, FAX +254 20 2999111 MOBILE: +254 733/724 256925

EMAIL: info@mayfair.co.ke



## FIDELITY GUARANTEE CLAIM FORM

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.

In addition to the claim form, please submit the following:

Police abstract report

Calculation of the loss, with supporting documents

Written References obtained from previous Employers

Remember the more information you provide to us, the easier it will be to process your claim. If the spaces provided for answers are inadequate, please write on and attach a separate sheet of paper.

### PLEASE NOTE

*If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.*

### Insured's Details

Full Name \_\_\_\_\_

**Last**

**Middle**

**First**

Policy Number \_\_\_\_\_

Date of payment of last premium \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Business or Occupation \_\_\_\_\_

V.A.T registration number \_\_\_\_\_

PIN No. \_\_\_\_\_

1. Defaulter

a) Name of defaulter \_\_\_\_\_

b) Age \_\_\_\_\_

c) Present address \_\_\_\_\_

d) Designation at the date of the default \_\_\_\_\_

Date of Initial Remitment \_\_\_\_\_ Date of default \_\_\_\_\_

e) Salary per month \_\_\_\_\_

f) Length of service up to the date of default \_\_\_\_\_

Date of initial Remitment \_\_\_\_\_ Date of Default \_\_\_\_\_

g) Previous positions held in the company and length of time served

h) Previous employers

(1) Name: \_\_\_\_\_

Duration: From: \_\_\_\_\_ to \_\_\_\_\_

(2) Name: \_\_\_\_\_

Duration: From: \_\_\_\_\_ to \_\_\_\_\_

(3) Name: \_\_\_\_\_

Duration: From: \_\_\_\_\_ to \_\_\_\_\_

2. Default

a) Date of discovery \_\_\_\_\_

b) For how long has the default been carried on and concealed? \_\_\_\_\_

c) in what matter has the default been carried out? \_\_\_\_\_

d) what led to its discovery? \_\_\_\_\_

e) what is the amount of the default as at present ascertained? \_\_\_\_\_

f) Have you previously suffered any loss similar to the present one? Yes  No

If so, state when, and give details as to:

Date Discovered

Duration of the default \_\_\_\_\_

Amount on insurer

3.

a) Has there been any previous irregularity in the defaulter's accounts Yes  No

If so, state when, and give details \_\_\_\_\_

b) On what dates was his/her accounts last checked and found correct by:

i) Auditor \_\_\_\_\_

ii) Person responsible for supervising employees work

c) Has the defaulter been discharged from your service? Yes  No

If so, on what date?

If not discharges state, the action taken

4. Has the employee, as far as you know, any tangible assets? Yes  No

5. Is there any salary, commission or other remuneration or allowance due to the employee?

Yes  no

If so give details \_\_\_\_\_

6. Has a proposal for settlement been put forward by the defaulter? Yes  No

If so give details \_\_\_\_\_

7. Have you made any recoveries?

Yes

No

If so, please state amount

8. Do you hold any other insurance or security in addition to this guarantee?

Yes

No

If so, please specify \_\_\_\_\_

9. Have you reported the matter to CID or police for investigation and possible prosecution?

Yes  no

If so, where and when? \_\_\_\_\_

I/We declare the foregoing particulars to be true and correct to the best of my/our knowledge and undertake to render all assistance in my/our power in dealing with the matter.

Signature

Name

Title \_\_\_\_\_ Date \_\_\_\_\_

Company Stamp







+++++