Harare
0242 785921/4, 0712400500
info@sanctuary.co.zw

Bulawayo
0292 881848/815, 09880627, 0732400100
byo@sanctuary.co.zw

Gweru
0254 230720, 0732400600
gweru@sanctuary.co.zw

FIDELITY GUARANTEE CLAIM FORM

Please State As Fully And As Accurately As Possible The Information Asked For Below. Acceptance of This Form Is Not An Admission Of Liability By The Company

PLEASE USE BLOCK LETTERS

Policy No.:

Insured

Name :	Second Name:
Address:	

1. When was the loss first discover?		
2. Give the name of the defaulting employees and their respective positions:		
a) Surname:	First name:	
Office location:	Position:	
b) Surname:	First name:	
Office location:	Position:	
c) Surname:	First name:	
Office location:	Position:	
3 Have the police been notified? If Yes state ☐ Yes ☐ No		
a) Police station	b) Date of notification:	
c) Name of person who notified police:		
4.		
5.		
6. a) Give full details of how this amount has been calculated:		
b) Has the amount of loss been certified by accounts o r auditor's? ☐ Yes ☐ No		
If Yes attach the account's/auditor's report.		
7 Have the employees been involved in or been suspected of any previous loss? ☐ Yes ☐ No		
If Yes, give details:		
8. Give the full details of the circumstances of the loss and how it was discovered:		
9. What method(s) were used to conceal the defalcations?	a) Have any other monies due to the defaulting employee been withheld?	
-	$	
10. What steps have been taken to prevent recurrence?		
11.	☐ Yes ☐ No	

b) If Yes, provide details of:		
	Salary	
	Commission	$
	Pension	$
	Gratuity	$
	Leave pay	$
	Other	$
	Total	**$**

12. Do you hold any other guarantee or security for the employee? ☐ Yes ☐ No	
If Yes, give details:	

I/We warrant the truth of the answers to the above questions and I/We declare that no information has been withheld and/or that any misrepresentation has been made and that the amount claimed represents my/our loss arising from the above stated occurance.

Signature of claimant:	Date: