

GEMINIA INSURANCE COMPANY LTD
HAILE SELASSIE AVENUE/HARAMBEE LANE
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FIDELITY GUARANTEE CLAIM FORM

Claim no -----
Name of insured -----
Address ----- Telephone -----
Name of defaulter ----- Age -----
Present address -----
Occupation at the date of default -----
Date of discovery of the default -----
For how long and in what manner, has the default been carried on and concealed -----

What led to the discovery? -----
What is the amount of the default as at present ascertained? -----
Has there been any previous irregularity in the defaulters account -----
If so, state when and give particulars -----
When was the matter reported to the police and to which station? -----

On which date were his accounts last checked and found correct? -----

Has he, so far as you know, any property furniture or other effects -----

Is there any salary, commission or other remuneration? -----
Do you hold any other security in addition to this guarantee? -----
Has the defaulter been discharged from your services if so on what date -----
Has approval for settlement been put forward by the defaulter? -----
I/we declare the foregoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with the matter.
Date: -----
Signed -----
Address -----

IT IS IMPORTANT THAT THIS FORM SHOULD BE COMPLETED TO THE COMPANY AT ONCE THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM