GEMINIA INSURANCE COMPANY LIMITED
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FIDELITY GUARANTEE
CLAIM FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicants own handwriting or to his dictation.
- Please attach a copy of the National Identity Card, KRA Pin, Passport or Birth Certificate together with this

1. Policy No _____

2. Name of insured _____

3. Address Telephone _____

4. Name of defaulter's Age _____

5. Present address _____

6. Occupation at the date of default _____

7. Date of discovery of the default _____

8. For how long and in what manner, has the default been carried on and concealed _____

_____

9. What led to the discovery? _____

10. What is the amount of the default as at present ascertained? _____

11. Has there been any previous irregularity in the defaulter's account _____

12. If so, state when and give particulars _____

13. When was the matter reported to the police and to which police station? _____

_____

14. On which date were his accounts last checked and found correct? _____

_____

15. Has he , so far as you know, any property furniture or other effects _____

_____

16. Is there any salary, commission or other remuneration? _____

17. Do you hold any other security in addition to this guarantee? _____

18. Has the defaulter been discharged from your services ☐ Yes ☐ No

If so on what date_____

19. 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 FOR THE COMPANY AT ONCE THE

THE COMPANY DOES NOT ADMIT LIABILITY FOR THE ISSUE OF THIS FORM

Regulated by the Insurance Regulatory Authority