

GEMINIA INSURANCE COMPANY LIMITED

Head office: Le'Mac, 5th Floor
P.O. Box 61316-00200, Nairobi
Tel: 2782000 Fax: 2782100
Email: info@geminia.co.ke
www.geminia.co.ke



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.

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