Sure House
Plot 1 Bombo Road
P.O. Box 9393, Kampala Tel: +256 414 345996, +256 312 262119
Email: swico@swico.co.ug, Website: www.swico.co.ug

FIDELITY GUARANTEE CLAIM FORM

IMPORTANCE NOTICE:

1. THE ISSUING OF THIS FORM IS NOT TO BE TAKEN AS ADMISSIONOF LIABILITY B THE INSURERS.

ALL QUESTIONS MUST BE ANSWERED

POLICY NUMBER	
POLICY PERIOD	From: To:
1. Name of Insured in full Address Occupation	P.O.BOX…… Telephone No……
2. i) Full name of the fraudulent staff ii) His/hers recent or last known address iii) Date of the first employment with you iv) Did you obtain reference at the time of his/her employment with you? If so from who?	i) …… ii) …… Telephone No…… iii) …… iv) …… …… ……
3. State fully the occupation and duties of the Fraudulent employee	
b. For how long and in what manner has the default been carried and concealed?	
4. What led to its discovery?	
5. a) What is the amount of the fraud as ascertained at present? b) Does the employee agree to the amount of the deficiency? c) If not, What efforts have been made to reconcile the difference?	

SWICO
STATEWIDE INSURANCE COMPANY

Sure House
Plot 1 Bombo Road
P.O. Box 9393, Kampala Tel: +256 414 345996, +256 312 262119
Email: swico@swico.co.ug, Website: www.swico.co.ug

6. i) When was the matter reported to police and to which station? ii) Has any court action been taken or has the defaulter been prosecuted. If so, date and nature of judgment. If not please advise what other efforts are being made to recover the money from the thieving employee(s).	i) …… Time…….. am/pm Police station…… (Please abstract Report to be attached) …… …… …… …… ……
7. Have you any indemnity or security in respect of the defaulter other than the above policy? If so, give particulars 8. Has the defaulter, so far as you know any property or other remuneration or allowance which but for the default would have been due to the defaulter	…… …… …… Property: …… Salary: …… Allowance: …… Retirement benefits: …… Others
9. a) Has a proposal for settlement been out forward by the Defaulter? b) If not please explain why	

I/WE DECLARE the foregoing particulars to be true and complete.

Date: …….. ……..

(Signature and Stamp of Insured)

Please fully complete the above questions and return the claim form with the following:

- ***Detailed statement of how the loss occurred,***
- ***Police Report,***
- ***Details of prosecution of the fraudulent employee(s),***
- ***Detailed breakdown of loss amount embezzled***
- ***Steps taken to recover the monies from the 'thieving' employee(s)***
- ***Audit report relating the above loss.***