



Niko Insurance (Tanzania) Limited

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FIDELITY GUARANTEE CLAIM FORM

*The issue of this form does not imply admission of liability on the part of the Company.
All questions must be answered fully. Ticks and dashes are not acceptable.*

Name of Insured:

Postal Address :

E-mail Address :

Telephone No. : Fax. No. :

Policy No.:

1. (a) When was the loss discovered?	(a)
2. Give the names of defaulting employees and their respective positions:	(a) Name..... Position
	(b) Name..... Position.....
	(c) Name..... Position.....
3. (a) Have the Police been notified? (b) If Yes: (i) Name of Police Station (ii) Give date of notification (iii) Give name of person who notified the police	(a) Yes / No (b) (i)..... (ii)..... (iii).....
4. State the period during which the default took place.
5. What is the total amount of the loss.	T Sh.....
6. (a) Give full details of how this amount has been calculated (see attached schedule) (b) Has the amount of loss been certified by Accounts or Auditors? If so, attach the Accountant's / Auditor's Report.	(a)..... (b).....

<p>7. (a) Have the employees been involved in or been suspected of any previous loss?</p> <p>(b) If yes, give details</p>	<p>(a)</p> <p>(b)</p>
<p>8. Give full details of the circumstances of the loss and how it was discovered.</p>	
<p>9. What methods were used to conceal the defalcations?</p>	
<p>10. What steps have been taken to prevent recurrence?</p>	
<p>11. (a) Have any other monies due to the defaulting employee been withheld.</p> <p>(b) If yes, provide details</p>	<p>(a) Yes / No</p> <p>(b) (i) Salary T Sh.....</p> <p>(ii) Commission T Sh.....</p> <p>(iii) Pension/ Gratuity T Sh.....</p> <p>(iv) Leave Pay T Sh.....</p> <p>(v) Other T Sh.....</p> <p>TOTAL = T Sh.....</p>
<p>12. (a) Do you hold any other guarantee or security for the employee?</p> <p>(b) If yes, give details</p>	<p>(a) Yes / No</p> <p>(b)</p>

DECLARATION

I / We hereby claim the sum of T Sh----- which was misappropriated and declare that the above statement is in all respects true and correct.

SIGANATURE OF CLAIMANT: -----DATE: -----

SCHEDULE OF SUMS RECEIVED BUT NOT ACCOUNTED FOR

(ATTACHED TO FIDELITY GUARANTEE CLAIM FORM)

DATE OF RECEIPT BY DEFAULTER	NAME AND ADDRESS OF CUSTOMR / FIRM FROM WHOM THE MONEY WAS DUE	AMOUNT