



Holburn Insurance Brokers

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Established 1983 | FSP Licence No. 30634

FIDELITY GUARANTEE CLAIM FORM

Policy No: _____

Name of Insured: _____

Address: _____ Tel No: _____

Nature of Business: _____

Name of defaulter and present or last known address: _____
ID No: _____

Occupation and duties: _____

Date of discovery of the default: _____

When were the police advised? Date: _____ Station: _____

Since what date has the default been carried on and in what manner was it concealed? _____

What led to its discovery? _____

Have you any indemnity or security respecting the defaulter other than the above Policy? _____

Has he, so far as you know, any property or other assets? _____

Is there any salary, commission, other remuneration or allowance which but for the default would have been due to him?

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

What is your system of check? _____

What steps do you propose taking to prevent a similar loss in the future? _____

I/WE DECLARE the foregoing particulars to be true and undertake to render every assistance in my/our power in dealing with the matter.

Signature: _____

Date: _____