



INNOVATIVE INSURANCE SOLUTIONS

## CLAIM FORM

## FIDELITY GUARANTEE



Insurance Brokers . Underwriting Agents  
Lloyd's Brokers . Independent Financial Advisers

# FIDELITY GUARANTEE CLAIM FORM

## EMPLOYER

Name

Address

Business

Telephone Number

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## EMPLOYEE

Full Name

Date of Birth

Present or last known address

Occupation & Duties

Date of commencement of employment

Have you any indemnity or security for the default other than the above Policy?

Details of Employees Bank if known

Has he/she as far as you know, any property or other assets?

Please give details of any salary, commission, other remuneration or allowance which but for the default would have been due to him/her

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## DEFAULT

Date of Discovery

What was the manner of the default?

What led to the discovery?

Has there been any previous irregularity on the part of the defaulter?

YES/NO

If YES, please give details

[Empty text box for details]

Who is the owner(s) of the Property stolen or lost?

[Empty text box for owner details]

What is the amount of the default so far ascertained?

[Empty text box for amount]

Is this the final amount?

[Empty text box for final amount]

If the claim relates to Misuse of Telephones, kindly supply the following additional information:

(i) Name and address of the subscriber

[Empty text box for subscriber name and address]

(ii) Nature of Business

[Empty text box for nature of business]

(iii) Were the Premises occupied by anyone else at the times when the offences were alleged have occurred?

YES/NO

If YES please provide details of the persons

[Empty text box for details of persons]

(iv) Did any other person have access to the telephone?

YES/NO

If YES provide details

[Empty text box for details]

(v) Period over which the telephone has been misused

[Empty text box for period]

(vi) Has the Subscriber submitted an account detailing the telephone calls?

YES/NO

If YES please send copies

(vii) Was the Guard(s) officially on duty during the times of the alleged occurrences?

YES/NO

I/WE WARRANT THE TRUTH OF THE FOREGOING STATEMENT

SIGNATURE

[Empty text box for signature]

POSITION

[Empty text box for position]

DATE

[Empty text box for date]

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