

Head Office:

Plot 1 Bombo Road | P.O. Box 9393, Kampala, Uganda
+256 414 345996 | +256 752 262 119 | +256 767 695 190
Swico@swico.co.ug | www.swico.co.ug
@statewideug | @swico_uganda | @swico

FIDELITY GUARANTEE CLAIM FORM

Policy and insured details

IMPORTANCE NOTICE:

1. THE ISSUING OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY BY THE INSURERS.

ALL QUESTIONS MUST BE ANSWERED.

POLICY DETAILS

Policy Number

Policy Period - From

Policy Period - To

1. INSURED DETAILS

Name of Insured in full

Address

P. O. Box

Telephone No.

Occupation

Continue on a supplementary page if additional space is required.

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Fraudulent staff and default details

2. FRAUDULENT STAFF DETAILS

(i) Full name of the fraudulent staff

(ii) His/Her recent or last known address

Telephone No.

(iii) Date of first employment with you

(iv) Did you obtain references at the time of his/her employment with you? If so from whom?

DEFAULT / LOSS DETAILS

3. State fully the occupation and duties of the Fraudulent employee

3.b For how long, and in what manner has the default been carried on and concealed?

4. What led to its discovery?

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Amount, police and recovery details

AMOUNT / RECONCILIATION

5. a) What is the amount of the fraud as ascertained at present?

5. b) Does the employee agree to the amount of the deficiency?

5. c) If not, what efforts have been made to reconcile the difference?

POLICE / LEGAL ACTION

6. (i) When was the matter reported to police and to which station

Date

Time (am/pm)

Police Station

(Please abstract Report to be attached)

6. (ii) Has any court action been taken or has the defaulter been prosecuted. If so, date and nature of judgement

If not please advise what other efforts are being made to recover the money from the thieving employee(s).

OTHER INDEMNITY / ASSETS

7. Have you any indemnity or Security in respect of the defaulter other than the above policy? If so, give particulars

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FIDELITY GUARANTEE CLAIM FORM

Assets, settlement and declaration

8. DEFAULTER PROPERTY / REMUNERATION

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. SETTLEMENT

a) Has a proposal for Settlement been put forward by the Defaulter?

b) If not please explain why

DECLARATION

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

Date

Signature and Stamp of Insured

SUPPORTING DOCUMENTS

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 employees(s),
- ☐ Detailed breakdown of loss amount,
- ☐ Transaction documents in support of the amount embezzled,
- ☐ Steps taken to recover the monies from the "thieving" employee(s),
- ☐ Audit report relating the above loss.