Industrial and General Insurance Plc

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FIDELITY GUARANTEE INSURANCE CLAIM FORM

Please answer all questions fully and return forms without delay.

Policy No _____ Claim No _____

Agency _____

Insured _____

Contact Address _____ State _____

Postal Address _____ State _____

Occupation _____

Telephone _____ Mobile _____ Email _____

Last premium Date: _____

PARTICULARS OF SUMS RECEIVED AND NOT ACOUNTED FOR

Receipts which have been obtained from the customers should be exhibited to the company, and where the defaulter is a Traveler, his Cash Sheets and Receipt Books for the period over which the defalcations have extended should be produced with this Claim form if required.

Where the amount of embezzlements has been certified y a qualified Accountant, his report should accompany the Claim.

Date when received by Defaulter	Date when advised by Defaulter	If not Advised, date when first known to employer	Number of Customers receipt if special form used	NAME AND ADDRESS OF CUSTOMER OR CLIENT	Discount or allowance made	Net Amount of Cash received

Date		If not Advised,	Number of	Name And Address	Discount or allowance	Net Amount

when received by Defaulter	Date when advised by Defaulter	date when first known to employer	Customers receipt if special form used	of Customer or Client	made	of Cash received

I/We, the undersigned, hereby declare that the following statement is a full and complete account of the net amount of the defalcations of the above-named, after allowing for an amount of N representing salary, and/or commission, and/or expenses, and/or Pension or Superannuation Refunds, and/or other monies due to the said and I /we claim the sum

=N= under the above policy

Signature_____ Date_____

Address_____