



ASSOCIATED INSURANCE BROKERS

Reg No 2004/022911/07

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FIDELITY CLAIM FORM

FIDELITY POLICY NUMBER	
NAME OF INSURED	
1. Name of defaulter and present address: Age:	
2. Date of discovery of default:	
3. What lead to its discovery?	
4. Have the Police been informed?	
5. For how long and in what manner has the default been carried on and concealed?	
6. Has there been any previous irregularity in defaulter's accounts? If so, state nature of same.	
7. Has he/she, so far as you know, any property, furniture, or other effects?	
8. State the amount of salary, commission or other monies which would have been payable to him/her but for the default.	
9. What is the amount of default ascertained at present?	
<p>Date _____ SIGNED: _____</p> <p>Further particulars may be stated on a separate sheet.</p>	