



GENERAL INSURANCE Company Limited

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FIDELITY GUARANTEE CLAIM FORM

PLEASE ANSWER EVERY QUESTION

Name of Insured..... Date of payment of last premium.....

Address..... Tel. No.....

Name of defaulter and present or last known address.....

.....

Occupation and duties.....

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Date of discovery of the default.....

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

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What led to its discovery.....

Has there been any previous irregularity in the defaulter's accounts? If so, please give details.....

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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 the present ascertained?.....

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.....