

298 IKORODU ROAD, ANTHONY LAGOS

TEL: 019054819

FIDELITY GUARANTEE CLAIM FORM

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

NB: IN ORDER TO AVOID ANY POSSIBLE DELAYS IT IS VITALLY IMPORTANT TO FULLY COMPLETE THIS FORM.

PART A: CLAIM FORM

Name of Insured		
Full Address		
Policy Number		
1	When was the loss discovered?	
2	<p>Give the names of the defaulting employees and their respective positions</p> <p>(Use separate page if necessary)</p> <p>a) Name</p> <p>b) Position</p> <p>a) Name</p> <p>b) Position</p> <p>a) Name</p> <p>b) Position</p>	
3	Name of Police Station	
4	Police Reference Number and Date Obtained	
5	State the period during which the Default took place	
6	What is the Total amount of the Loss	
7	Give full details of how this amount was calculated (use separate page if necessary)	

BOARD OF DIRECTORS: Chairman: Olugbenga Shobo, Managing Director and Chief Executive Officer: Bode Opadokun, Executive Director: Tunde Mimiko
Non-Executive Director: Val Ojumah, Non-Executive Directors (South Africans): Hendrik Nel, Johan Schalkwyk, Independent Directors: Titu Adebisi, Yusufu Modibbo



8	Has the amount been certified by accountants or Auditors? (If so attach the Accountants/Auditors report)	
9	Have the employees been involved in or been suspected of any previous losses? Yes / No	
10	If Yes, please provide details	
11	Provide full details of the circumstances of the loss and how it was discovered	
12	What steps have been taken to prevent a reoccurrence?	
13	Have any other monies due to the defaulting employee been withheld? Yes / No	
14	If Yes, provide details	Salary _____ Commission _____ Pension/Gratuity _____ Leave Pay _____ Other _____
15	Do you have any other insurance against Fidelity Guarantee in force covering the loss? Yes / No	
16	If Yes, provide details	

PART B: DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT AND IMPORTANT NOTE

1	This is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.	<ul style="list-style-type: none">• Police Report/ Police Investigation Result• Internal Investigation Report• CCTV footage showing circumstances of incident• Letter of Employment and termination• Duty Roster of the employees.• Records supporting the amount claimed• Details of restitution made by the employee
2	Important Note:	<ul style="list-style-type: none">• Give immediate notice to the police.• To the extent allowed by law, retain all monies and other assets due to the Employee(s) and such monies or assets will be deducted from the claim.

I/WE declare that the foregoing answers are true and completed and that I/WE hold no other policy indemnifying me/us in respect of this claim. I/WE request you to deal on my/our behalf with third party claims arising herein, in accordance with the terms and conditions of the above mentioned policy, and I/WE authorize you and your solicitors on my/our behalf to make such admissions and settlements and give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom.

Date: _____

Insured's Signature: _____