

FIDELITY GUARANTEE CLAIM FORM

Insured Policy No.....
Name
Address Telephone No.....
Email Address.....

Property Are you the sole owner
(Details overleaf) Are there any other insurances on the property?.....
If so, give particulars

Circumstances When and where was property last see? Date Time.....a.m./p.m.
Where.....
When was loss or damage discovered? Date Timea.m./p.m
Address where loss or damage occurred.....
Have the Police Authorities been informed?.....Date.....
If so, at what Station?.....

Please now complete either Section A or B but NOT BOTH

A Theft from When did the Theft occur? Date.....Time.....a.m/p.m
Premises Were premises forcibly entered?.....
If so, how was entrance effected?.....
If premises not forcibly entered



From what part of premises were goods removed?.....

.....

Has the thief been identified?.....

What evidence is there that a theft has actually occurred?.....

.....

B Other Loss
or Damage

Full particulars of circumstances of loss or damage.....

.....

.....

.....

I hereby declare that the above statements and the information given overleaf are true to the best of my knowledge and belief.

I further declare that to my knowledge no person other than myself has any interest in the lost or damaged property by bill of sale or as owner, mortgagee, trustee or otherwise.

Accordingly I claim the sum of.....Date.....

Signature of Insured.....

A List & all lost or damaged property should be finalised overleaf.