

## FIDELITY GUARANTEE CLAIM FORM

The issuance of this form is not an admission of liability on the part of the Company. All questions on this form must be answered in full.

### PART A - COMPLETE IN FULL

1. Policy No \_\_\_\_\_
2. Name of insured \_\_\_\_\_
3. Address Telephone \_\_\_\_\_
4. Name of defaulter's Age \_\_\_\_\_
5. Present address \_\_\_\_\_
6. Occupation at the date of default \_\_\_\_\_
7. Date of discovery of the default \_\_\_\_\_
8. For how long and in what manner, has the default been carried on and concealed \_\_\_\_\_  
\_\_\_\_\_
9. What led to the discovery? \_\_\_\_\_
10. What is the amount of the default as at present ascertained? \_\_\_\_\_
11. Has there been any previous irregularity in the defaulter's account \_\_\_\_\_
12. If so, state when and give particulars \_\_\_\_\_
13. When was the matter reported to the police and to which police station? \_\_\_\_\_  
\_\_\_\_\_
14. On which date were his accounts last checked and found correct? \_\_\_\_\_  
\_\_\_\_\_
15. Has he, so far as you know, any property furniture or other effects \_\_\_\_\_  
\_\_\_\_\_
16. Is there any salary, commission or other remuneration? \_\_\_\_\_
17. Do you hold any other security in addition to this guarantee? \_\_\_\_\_
18. Has the defaulter been discharged from your services  Yes  No

#### Cannon General Insurance (K) Limited

† +254 (0) 723342150, +254 (0)738342150, +254 (020)3966000 | e info@cannon.co.ke  
a Gateway Park, Block D, Mombasa Road, P.O. Box 30216-00100 Nairobi, Kenya  
www.cannon.co.ke

Regulated by the Insurance Regulatory Authority



If so on what date \_\_\_\_\_

19. Has approval for settlement been put forward by the defaulter? \_\_\_\_\_

I/We declare the foregoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with the matter.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

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