



Phoenix

Of Zambia Assurance Company (2009) Limited

P.O. Box 36880, 1st Floor, NWASCO House, Plot 164, Mulombwa Close,
Fairview, Lusaka, Zambia

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FIDELITY GUARANTEE CLAIM FORM

NB: The issue of this form does not confirm admission of liability on the part of
Phoenix of Zambia Assurance Company (2009) Limited

Name of Insured:.....
.....

Full address.....

Telephone No(s).....Fax No(s).....

Business.....

Policy No.....

1. When was loss discovered?.....

2. Name(s) and Position(s) of defaulting employee(s)

(i) Name
Position

(ii) Name
Position

(iii) Name
Position

3. What system of check was in place to avoid such defaults?
(Attach detailed report)

4. (a) Have police been notified? Yes/No

(b) If yes;

(i) Name of Police station

(ii) Date of notification

(iii) Who notified Police

5. State period during which the default took place;

.....

6. What is estimated amount of loss?

7. (a) Give full details of how this amount has been calculated;
(Attach a schedule) a)

(b) Has amount of loss been certified?
By Accountants or Auditors? b) Yes/No

(c) If yes, attach the Accountants/
Auditors report.

8. (a) Have the defaulters been involved in or
been suspected of any previous loss? a) Yes/No

(b) If Yes, give details b)

9. Give full description of the circumstances
of the loss and how it was discovered.
(Attach report if space available is not enough)

10. What methods were used to conceal the Defalcations?

11. What measures have you taken to prevent recurrence?

12. (a) Have any monies due to the
defaulter(s)
been withheld? a) Yes/No

(b) If yes, provide details b) Salary

Pension/
Gratuity

Leave pay

Other

Total

12. (a) Do you hold any other guarantee
Or Security for the employee(s) a) Yes/No
- (b) If yes, give details b)

DECLARATION

We hereby claim the sum of Which was
misappropriated and declare that the above statement is true and complete to the
best of our knowledge.

Signature of claimant

Date-----
Official Stamp