



Head office:
The Mirage - Tower 1, 7th Floor,
Chiromo Road,
P.O. Box 30129 – 00100
Nairobi.

Tel: 0732 178 000
Email: infoke@mua.co.ke
Website: www.mua.co.ke

FIDELITY GUARANTEE CLAIM FORM

1. a) Insured _____
b) Policy Number _____
c) Pin Number _____
d) Postal Address _____
e) Email Address _____
2. Name of Defaulter _____ Age _____
3. Present Address

4. Occupation as at the date of the default

5. Date of appointment

6. Date of discovery of the default

7. For how long, and in what manner has the default been carried on and concealed

8. What led to its' discovery?

9. What is the amount of the default as at present ascertained?

10. Has there been any previous irregularity in the defaulters' accounts? If so, state when, and give particulars

11. When was the matter reported to police and to which station?

12. On what date were the defaulters' accounts last checked and found correct?

13. Does the defaulter have, so far as you know, any property, furniture or other effects?

14. Is there any salary, commission or other remuneration or allowance due to the defaulter?

15. Do you hold any other security in addition to this Guarantee?

16. Has the defaulter been discharged from your service? If so, what date?

17. Has a proposal for settlement been put forward by the Defaulter?

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

Date _____

Signature _____

Stamp _____