



REGENCY ALLIANCE INSURANCE PLC.

RC. 223946
Incorporated in Nigeria

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FIDELITY CLAIM FORM

Claim No

Agency

PRIVATE AND CONFIDENTIAL

PRELIMINARY PARTICULARS TO BE SUPPLIED BY INSURED

1. Name, business, and address of Insured

2. (a) Policy Number

(b) Telephone No.

3. Full name and present address of the Employee

4. In what capacity was the Employee acting at the time of the defalcation?

5. (a) State the nature of the irregularity

(b) How long has it been going on?

(c) How was it done?

6. (a) State the date upon which the Employee entered your service

(a)

(b) State details of enquiries made by you regarding Employee prior to engagement

(b)

(c) Please attach any written reference obtained before engagement.

(c)

7. When was suspicion first aroused, and in what circumstances?

8. When and in what circumstances was the defalcation confirmed?

9. When were the accounts and stock records last checked and found correct?

10. Is there any reason to believe that any other defalcations have been committed?

11. State the amount of the loss as at present ascertained <i>(if there is more than one default, each loss must be separately stated)</i>	
12. (a) Has the Employee been suspended or dismissed? If so, on what date? (b) What salary or commission was then due to Him. Has this been retained? (c) Give particulars of any (i) Property etc. you hold belonging to him (ii) Pension fund, Savings, Money etc. which may be refundable to him	(a) (b) (c)
13. Has the Employee admitted the irregularities and offered any explanation?	
14. Has there been any previous irregularity or any shortage of stock attributed to the Employee?	
15. (a) Has a proposal for a Settlement been put forward by the Employee or any of his friends? If so, please give full particulars (b) Has the Employee absconded?	(a) (b)
16. Since the Insurer accepted the risk (a) has the Employee been uninterruptedly in your employment? and (b) have his duties and the conditions of service remained the same? If not, give particulars.	
17. What was your system of check for this Employee? Please provide full details	
18. Have you any other guarantee or Security in respect of the Employee? If so, of what nature?	

I declare that all the particulars given above are correct.

Signature of Insured:.....

Date.....20.....

The issuing of this Form by the Insurer Is not to be considered an admission of liability.