



# GUARDIAN GENERAL

I N S U R A N C E L I M I T E D

**Head Office:** Princes Court, Keate Street, Port of Spain, Trinidad & Tobago, W.I.

**Branch Office:** 17-19 Independence Avenue, San Fernando, Trinidad & Tobago, W.I.

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## Fidelity Guarantee Claim Form

Policy No.: \_\_\_\_\_

Claim No.: \_\_\_\_\_

1. Insured \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone Nos.: \_\_\_\_\_

2. Name of Defaulter and present address	
3. Date of discovery of Default	
4. For how long and in what manner has the Default been carried on and concealed?	
5. What led to the discovery of the Default?	
6. What is the amount of the Default as at present ascertained?	

<p>7. Have there been any previous irregularities in the accounts of the Defaulter? If 'YES' state the nature of such irregularities.</p>	
<p>8. At what date was the accounts of the Defaulter last checked and found correct?</p>	
<p>9. To your knowledge has the Defaulter any furniture or other effects?</p>	
<p>10. Is there any salary commission or other remuneration or allowance due to the Defaulter?</p>	
<p>11. Do you hold any other security in addition to this guarantee?</p>	
<p>12. Has the Defaulter been dismissed from your service? If 'YES' on what date?</p>	

Signature \_\_\_\_\_  
of Insured \_\_\_\_\_

Date \_\_\_\_\_