



# THE HERITAGE INSURANCE COMPANY LIMITED

CFC House, Mamlaka Road, P.O. Box 30390, 00100-Nairobi, Kenya.  
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## FIDELITY GUARANTEE CLAIM FORM

PRIVATE AND CONFIDENTIAL

Branch ..... Policy No. ....Expiry Date.....

1: Insured's Name.....  
 P.O Box:.....Code.....Town..... Telephone .....Mobile .....  
 Email ..... Fax.....

2: Name of Defaulter and last known Address	
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3: State date and the circumstances in which the default was discovered	
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4: For how long and in what manner has the default been carried on and concealed?	
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5: Has there been any previous irregularity in the defaulter's account? If so, state nature of same	
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6: What is the amount of the default as at present ascertained?	
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7: Do you hold any security other than the above policy in respect of the Defaulter?	
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8: State as nearly as you can what salary, commission, or other remuneration or allowance may be due to him.	
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9: Has he to your knowledge any, property, Furniture or other effects?	
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I/WE HEREBY DECLARE that to the best of my/our knowledge and belief the foregoing particulars are true and correct.

Date: ...../...../20..... Insured's Signature and rubber stamp if corporate:.....