



209, Herbert Macaulay Street, Ebute Meta, P.M.B 1018, Yaba, Lagos
Tel: 01-7410179, 7741181, 7740571, 7731880, 7731881. Fax: 3425466.
Website: www.stacopl.com, E-mail: info@stacopl.com

CLAIM NO. _____

POLICY NO. _____

FIDELITY GUARANTEE CLAIM FORM

Name of Insured.....

Address.....

.....Telephone No.....

Date of payment of last premium.....

Name of defaulter.....Age.....

Present address.....

Occupation at the date of the default.....

Date of discovery of the default.....

Name of next of kin.....

For how long, and in what manner has the
Default been carried on and concealed?

What led to its discovery?

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

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

.....
.....

When last was the account/stock audited.....

Has he, so far as you know, any property furniture or other effects?.....

Is there any salary, commission or other remuneration or allowance due to him?.....

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

Has the defaulter been discharged from your services? If so, on what date?.....

Has a proposal for settlement been put forward by the defaulter.....

I/we declare the foregoing particular to be true and correct and undertake to render every assistance in my/our power in dealing with the matter.

Date

Signature of Insurance.....

(If a Limited Company give status of signatory)

.....
.....

Please ensure that all question have been answered.

It is important that this form should be completed and returned to the Company AT ONCE

The company does not admit liability by the issue of this form.