

# Fidelity Guarantee Claim Notification



LIFE INVESTMENTS HEALTH INSURANCE PROPERTIES ADVICE

**Liberty General Insurance Uganda Limited**  
3rd Floor, 99 Buganda Road  
P.O. Box 22938 Kampala, Uganda  
t + 256 (0) 31 2246500

Policy No.	<input type="text"/>	EAUL Claim No:	<input type="text"/>
Name of employer	<input type="text"/>		
Address of employer	<input type="text"/>		
	<input type="text"/>		
Surname and other names of employee	<input type="text"/>		
Address of employee	<input type="text"/>		
	<input type="text"/>		
Number on Policy Schedule	<input type="text"/>		
Date of appointment of the above-named employee	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Has he, since that date, been continuously in your service until now?	<input type="text" value="Y"/> <input type="text" value="N"/>		
From what date was his employment by you terminated?	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
On what date were the losses first discovered?	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	From what date have the defalcations committed by the employee occurred?	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
How were the losses first discovered?	<input type="text"/>		
What is the amount of the loss to date?	<input type="text"/>	(attach reconciliation or audit report if available)	
If so, when and where? (Attach copies of Police Abstract Reports)	<input type="text"/>		
	<input type="text"/>		
Which item was damaged?	<input type="text"/>		
Item No in Specification of Policy Schedule	<input type="text"/>	Sum insured	<input type="text"/>
Name of manufacturer, type of machine	<input type="text"/>		
Year of manufacture, serial number (Please give full details as on manufacturer's Plate)	<input type="text"/>		
Have the Police been notified?	<input type="text" value="Y"/> <input type="text" value="N"/>	(Attach copies of Police Abstract Reports)	
If so, when and where?	<input type="text"/>		
State the nature of the defalcations	<input type="text"/>		
State as far as is known the extent of the losses you have sustained through the acts	<input type="text"/>		
	<input type="text"/>		
Does the employee agree the amount of the deficiency?	<input type="text" value="Y"/> <input type="text" value="N"/>		
By what method and in what circumstances were the defalcations committed?	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

State, in detail, the system of supervision and checking of accounts exercised over the employee


On what date was the last local check (as opposed the checking of statements of account submitted by the employee or branch) made prior to the discovery of loss?

D	D	-	M	M	-	Y	Y	Y	Y
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Have there, to your knowledge, been any previous irregularities committed by the employee?

Y	N
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If so, particulars stating when they first came to your notice


Give particulars of the employee's remuneration.

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Please furnish details of:

Any security or securities held by your or on your behalf in respect of the above employee other than this Fidelity Guarantee.


Any money or property in your custody due or belonging to the employee. Please note that any such money or property should be retained by pending our instructions.


Do you know the present whereabouts of the employee?

Y	N
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If so, give precise details


Are you in touch with him/her or with any member of his/her family

Y	N
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Have you removed from the employee's custody all goods or other property belonging to you?

Y	N
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Have this employee's customers (if any) been advised that he no longer has authority to represent you?

Y	N
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What investigations regarding the losses have been made to date?


If professional accountants are investigating these affairs, please state name and address


What references were obtained when the employee was appointed by you? Please state names of the previous employers concerned and the periods in each employment

NAMES OF THE PREVIOUS EMPLOYERS	PERIOD OF EMPLOYMENT

Did any reference suggest any adverse feature?

Y	N
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DECLARATION BY EMPLOYER

I/We declare the above particulars to be true to the best of my/our knowledge and belief, and I/we undertake to render the Company every assistance in my/our power in dealing with the matter.

Signature

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Date

D	D	-	M	M	-	Y	Y	Y	Y
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