



# GK GENERAL INSURANCE COMPANY LIMITED

New Kingston      Liguanea      Downtown      Mandeville      Montego bay      Portmore  
Knulsford Boulevard      Sovereign Ctr.      Duke Street      Midway Mall      Fairview Shopping Ctr.      Portmore Town Ctr.  
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## FIDELITY GUARANTEE CLAIM FORM

**PLEASE ANSWER EVERY QUESTION**

**ACCURACY OF STATEMENTS:** *When answering the questions on this form, you must be honest and truthful; if any false or fraudulent statement or declaration is made in support of the claim the Policy shall be rendered void and the claim forfeited.*

Name of Insured \_\_\_\_\_ Date of payment of last premium \_\_\_\_\_  
\_\_\_\_\_

Name of defaulter and present or last known address \_\_\_\_\_  
\_\_\_\_\_

Occupation and duties. \_\_\_\_\_  
\_\_\_\_\_

Date of discovery of the default \_\_\_\_\_

Since what date has the default been carried on and in what manner was it concealed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What led to its discovery \_\_\_\_\_

Has there been any previous irregularity in the defaulter's accounts? If so, please give details. \_\_\_\_\_  
\_\_\_\_\_

Have you any **indemnity** or security respecting the defaulter other than the above Policy? \_\_\_\_\_

Has (s)he, so far as you know, any property, or **other** assets? \_\_\_\_\_

Is there any salary, commission, **other** remuneration or allowance which but for the default would have **been due to him/her**?

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

**I/WE DECLARE** the foregoing particulars to be true and accurate and undertake to render every assistance in my/our power in dealing with the matter.

Signature. \_\_\_\_\_

Date \_\_\_\_\_