



H Savy Insurance Co Ltd

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Fidelity Guarantee

Claim form

By lodging your claim with H Savy Insurance Limited, you hereby declare that the statements, facts and information herein contained are true and correct to your knowledge and or belief. That the statements, facts and information herein provided by you are complete and accurate. Failure to faithfully make full disclosure of the facts and information you know or ought to know may render you claim null and policy void.

Note: (1) The issue of this form does not imply admission of liability on the part of the Company.
(2) The INSURED is requested to answer all questions fully and return without delay.

Please use BLOCK CAPITALS and tick where appropriate

Insured

Title (Mr, Mrs, Miss, etc):	Surname:	Maiden Name:
Name:		
Address:	Email Address:	

Details of Loss

Presumed Date of Loss:	
When was the fraud or dishonesty discovered?	
What is the amount of the said fraud?	
Name(s) of employee(s) involved	Job/Position
Was it reported to the Police? If so, at which station?	
State date reported?	
Have your Auditors issued a Certificate in respect of the Loss?	
What steps have been taken to recover the amount loss by the dishonesty of the employee(s)?	

Have the conditions of the policy been complied with in every respect? **If so, give details.**

What steps are being taken to prevent further losses of this nature?

Give a detailed report on all circumstances surrounding this loss by fraud? **Note, you may use separate sheet if required.**

Have you been the subject of a loss by fraud or dishonesty from any employee in the past 5 years?

If so, please state full particulars

Declaration

I/We hereby declare that the above is a full, true and accurate statement.

Date:

Signature of Insured:

For submission of claim documents electronically or direct contact with the Claims Department please use email, claims@hsi.sc