**NIGERIAN AGRICULTURAL INSURANCE CORPORATION**

**NAIC HOUSE, PLOT 590, ZONE AO, CENTRAL BUSINESS DISTRICT, ABUJA**

WEBSITE: [www.naic.gov.ng](http://?)

EMAIL: [info@naic.gov.ng](http://?)

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**IMPORTANT NOTICE:**

1. The issue of this claim form is not to be taken as an admission of liability by the insurer
2. The insured is requested to answer all questions fully and accurately as possible and return the form without delay. Dashes are insufficient.

FIDELITY GUARANTEE CLAIM FORM

Name of insured --------------------------------------------------------------------------------------------------------------------Policy number ----------------------------------------------------------------------------------------------------------------------

Address -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DETAILS OF LOSS

When was the loss discovered? ------------------------------------------------------------------------------------------------

Give the name(s) of the defaulting employees and their positions:

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Have the police been notified? ( ) yes ( ) no

If yes, please give details of the notification. -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

State the period during which the default took place --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

What is the total amount of the claim? -------------------------------------------------------------------------------------

Give full details of how this amount has been calculated. ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Has the amount of loss been verified by an accountant or auditor? ( ) yes ( ) no

If yes, please attach the accountant or auditor’s report.

Has the employee(s) been involved or been suspected of any previous loss? ( ) yes ( ) no

If yes, please give details. --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Give full details of the circumstances of the loss and how it was discovered. --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

What methods were used to conceal the defalcations? -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

What steps have been taken to prevent recurrence? --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Do you hold any other guarantee or security for the employee? ( ) yes ( ) no

If yes, please give details. --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Have any other money due to the defaulting employee been withheld ( ) yes ( ) no

If yes , please give details. -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DECLARATION

I/We hereby claim the sum of N ---------------------------------------- which was misappropriated and declare that the above statement is in all respect true and correct.