



## FIDELITY GUARANTEE CLAIM FORM

### POLICYHOLDER DETAILS

Policyholder		Policy Number	
Business or Occupation			
Full Address			
Telephone Work			
When was the Loss Discovered?			
Give the names of the employees allegedly involved in the loss as well as their respective positions:			
Name		Position	
Name		Position	
Name		Position	
What system of supervision and check was in place to avoid such loss? Attach detailed report.			
Have the police been notified?		Yes	No
If yes, Name of Police Station		Give Date of Notification	
Give Name of person who notified the Police			
State the period during which the loss took place			
What is the Total Amount of Loss			
Give full details of how this amount has been calculated (see attached schedule)			
Has the amount of loss been Certified by Accountants or Auditors?		Yes	No
If so, attach the Accountant's/ Auditor's Report			
Have the employees been involved in or been suspected of any previous loss		Yes	No
If yes, give details			
Give full details of the circumstances of loss and how it was discovered			
What methods were used to conceal the misappropriation of funds?			
What steps have been taken to prevent recurrence?			
Have any other monies due to the allegedly involved employee been withheld		Yes	No
If yes, provide details			
Salary	R	Commission	R
Pension/Gratuity	R	Leave Pay	R
Other	R	Total	R
Do you hold any other Guarantee or Security for the employees?		Yes	No
If yes, give details			



**PROCESSING NOTICE**

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please [click here](#) or contact us for a copy.

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

Your personal information may be shared internally with employees required to process the claim and externally with ONE's affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

ONE has high levels of security in place to protect your personal information and require all third parties to comply with the standards as set out in POPIA.

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

**DECLARATION**

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and will form the basis of the claim.

I understand that any misrepresentation or non-disclosure of material facts shall render the claim null and void. Note: a material fact is one which may influence the assessment or acceptance of your claim. If you are in doubt as to the relevance of any information, please give details.

I understand that by signing this form, I consent to the processing of personal information for its designated purpose in terms of the POPI Act.

I confirm that I will assist ONE or their representatives in any way relevant to assess, validate and finalise this claim. I confirm that this document was completed freely and without intimidation or coercion by any party.

I confirm that the affixed signature is mine or that of my/our appointed authorised representative and that the signature binds the insured in all material respects.

I/We hereby claim, the sum of R \_\_\_\_\_ which was misappropriated and declare that the above statement is in all respects True and Correct.

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Designation