



JN GENERAL INSURANCE COMPANY LIMITED
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FIDELITY CLAIM FORM

Notice of intended Claim by _____

under Fidelity Policy No. F.G. _____

1. Name of Defaulter and present Address	
2. Date of Discovery of Default.....	
3. What led to its discovery?.....	
4. For how long and in what manner has the Default been carried on and concealed?	
5. Has there been any previous irregularity in Defaulter's accounts? If so, nature of same	
6. Has he, so far as you know, any Property, Furniture, or other effects?	
7. State the amount of Salary, Commission, or other remuneration or allowance now due, or which would have become due, to him but for the Default	
8. What is the amount of Default as at present ascertained?	
9. Please state date Police advised and name of Station.....	
10. Date Defaulter arrested? If not arrested, please give reason.....	

Date _____

Signed _____

FURTHER PARTICULARS

Date _____

Signed _____