



FRONTLINE™
UNDERWRITING MANAGERS (PTY) LTD

FIDELITY GUARANTEE CLAIM FORM

Old Mutual Insure Limited, Registration Number 1970/006619/06.
A licensed FSP and non-life insurer. (FSP12)

Underwritten/ Administered by Frontline Underwriting Managers (Pty) Ltd
Vat No. 4350242386 Reg. No. 2008/005015/07
Authorised Financial Service Provider: FSP No. 40752

NB: IN ORDER TO AVOID ANY POSSIBLE DELAYS IT IS VITALLY IMPORTANT TO FULLY COMPLETE THIS FORM.

The issue of this form does not imply admission of liability on the part of the Company.

Name of Insured		
Full Address		
Policy Number		
1	When was the loss discovered?	
2	Give the names of the defaulting employees and their respective positions (Use separate page if necessary) a) Name b) Position a) Name b) Position a) Name b) Position	
3	Name of Police Station	
4	Police Reference Number and Date Obtained	
5	State the period during which the Default took place	
6	What is the Total amount of the Loss	
7	Give full details of how this amount was calculated (use separate page if necessary)	
8	Has the amount been certified by accountants or Auditors? (If so attach the Accountants/Auditors report	
9	Have the employees been involved in	

	or been suspected of any previous losses? Yes / No	
10	If Yes, please provide details	
11	Provide full details of the circumstances of the loss and how it was discovered	
12	What steps have been taken to prevent a reoccurrence?	
13	Have any other monies due to the defaulting employee been withheld? Yes / No	
14	If Yes, provide details	<ul style="list-style-type: none"> • Salary R _____ • Commission R _____ • Pension/Gratuity R _____ • Leave Pay R _____ • Other R _____
15	Do you have any other guarantee or Security for the employee/s? Yes / No	
16	If Yes, provide details	

DECLARATION

I / We hereby claim the sum of R _____ which was misappropriated and declare that the above statements in all respects are true and correct.

SIGNATURE OF CLAIMANT _____ DATE _____

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

<http://www.justice.gov.za/infoereg/index.html>

Tel: 012 406 4818

Fax: 086 500 3351

Email: infoereg@justice.gov.za