

FIDELITY & COMPUTER CRIME CLAIM FORM

Broker Details

Broker		
Tel No	Fax No	Policy Number

Insured Details

Full name of insured		
Postal address		Postal code
Telephone	Fax	
Email	Cell	

Details of Loss

Date of loss
How was the loss discovered?
Who had discovered the loss?
A detailed statement from the insured setting out the events that occurred
What loss or damage has the insured suffered?
An indication of how the claimed amount has been quantified

Has the insured made any attempts to recover the funds?	Yes	No	Please explain:
Has the insured claimed against the managing agents PI or FG policy?	Yes	No	Please explain:
What are the internal procedures regarding this type of loss and were the procedures followed?			
Please provide:			
→ A copy of your internal investigation report			
→ All other relevant information pertaining to this incident.			

Police Station

Has the insured reported this incident to the SAPS?	Yes	No
Case number	Police station	
Date reported		

Declaration

<p>I/We declare that the particulars and declarations are correct and complete and include all information known to me/us. It is further declared and understood that should this application be completed by the broker/agent of the insured, the broker/agent will be considered to have been authorised to act as the insured's agent for the purpose of completing the application.</p> <p>Date</p> <p>Signature of insured or broker</p>
