

CLAIM FORM - FIDELITY GUARANTEE

PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA Insurance) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission. NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services.

You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organisation; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you. Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

SECTION A : PERSONAL / CORPORATE DETAILS

Name of Insured: _____

Business Name: _____ PIN No.: _____

Nature of Business: _____

Name of Contact Person: _____ Position: _____

Postal Address: _____ Postal Code: _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Mobile Phone: _____

E-Mail Address: _____

SECTION B : TECHNICAL DETAILS

1. Name of Employer: _____
2. Address of Employer: _____
3. Surname and other names of employee: _____
4. Address of Employee: _____
5. Policy Number: _____
6. Date of appointment of the above-named employee: _____
7. Has he, since that date, been continuously in your service until now? _____
8. From what date was his employment terminated? _____
9. (a) On what date were the losses first discovered? _____
 (b) From what date have the defalcation committed by the employee occurred? _____
 (c) How were the losses first discovered? _____
10. Have the Police been notified? If so, when and where? _____
11. (a) State the nature of the defalcations: _____
 (b) State as far as is known the extent of the losses You have sustained through the acts

 (c) Does the employee agree the amount of the Deficiency? _____
 (d) By what method and in what circumstances were the defalcations committed?

12. (a) State, in detail, the system of supervision and checking of accounts exercised over the employee
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- (b) On what date was the last local check (as opposed to the checking of statements of accounts submitted by the employee or branch) made prior to the discovery of loss?
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- (c) Who made the inspection? What is the rank of the Person?
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13. Have there, to your knowledge, been any previous irregularities committed by the employee? If so, particulars stating when they first came to your notice _____
14. Give particulars of the employee's remuneration.
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15. Please furnish details of:-
- (a) Any security or securities held by your or on your behalf in respect of the above employee other than this Fidelity Guarantee
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- (b) Any money or property in your custody due or belonging to the employee
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- Please note that any such money or property should be retained by you pending our instructions 16.
Do you know the present whereabouts of the employee? If so, give precise details
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17. Are you in touch with him or with any member of his family: _____
18. Have you removed from the employee's custody all goods or other property belonging to you? _____
19. Have this employee's customers (if any) been advised that he no longer has authority to represent you?
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20. What investigation regarding the losses have been made to date?
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21. If professional accountants are investigating these affairs, please state name and address
-
22. What references were obtained when the employee was appointed by you?
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- Please state names of the previous employers concerned and the periods in each employment
-
- Did any reference suggest any adverse feature? _____

SECTION C : REQUIREMENTS

Please attach the following where applicable

- Audit reports
- Police report
- Defaulter's written confession

SECTION D : CONSENT & DECLARATION

Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting ncbainsurance@ncbagroup.com.

I consent

I do not consent

Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for NCBA Insurance to inspect or investigate any records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

Name: _____

Signature: _____ Date: _____

(If Corporate)

Name: _____ Designation: _____

Company Stamp and Date: