

# LASACO ASSURANCE PLC

**HEAD OFFICE:**

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## FIDELITY GUARANTEE INSURANCE CLAIM FORM

Please answer all questions fully and return forms without delay.

Policy No  Claim No

Agency

Insured

Contact Address  State

Postal Address  State

Occupation

Telephone  Mobile  Email

Last premium Date:

**PARTICULARS OF SUMS RECEIVED AND NOT ACCOUNTED FOR**

Receipts which have been obtained from the customers should be exhibited to the company, and where the defaulter is a Traveler, his Cash Sheets and Receipt Books for the period over which the defalcations have extended should be produced with this Claim form if required.

Where the amount of embezzlements has been certified y a qualified Accountant, his report should accompany the Claim.

Date when received by Defaulter	Date when advised by Defaulter	If not Advised, date when first known to employer	Number of Customers receipt if special form used	NAME AND ADDRESS OF CUSTOMER OR CLIENT	Discount or allowance made		Net Amount of Cash received

Date		If not Advised,	Number of	Name And Address	Discount or allowance	Net Amour
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when received by Defaulter	Date when advised by Defaulter	date when first known to employer	Customers receipt if special form used	of Customer or Client	made	of Cash received

I/We, the undersigned, hereby declare that the following statement is a full and complete account of the net amount of the defalcations of the above-named, after allowing for an amount of N  representing salary, and/or commission, and/or expenses, and/or Pension or Superannuation Refunds, and/or other monies due to the said  and I /we claim the sum

=N=  under the above policy

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

