

7.	a) Give full details of how this amount has been calculated (attach schedule) í .. b) Has the amount of loss been Certified by Accountants or Auditors? If so, attach the Accountant's/Auditor's Report í í í í í í í í í í í í í í í í í í												
8.	a) Have the employees been involved in or been suspected of any previous loss í b) If yes, give details í í												
9.	Give full details of the circumstances of loss and how it was discovered												
10.	What methods were used to conceal the defalcations?												
11.	What steps have been taken to prevent recurrence?												
12. a)	Have any other Monies due to the defaulting employee been withheld? a) Yes/No b) If yes, provide details <table style="margin-left: 40px; border: none;"> <tr> <td style="width: 30%;">i) Salary USHS/US \$.....</td> <td>.....</td> </tr> <tr> <td>ii) Commission USHS/US \$.....</td> <td>.....</td> </tr> <tr> <td>iii) Pension/Gratuity USHS/US \$.....</td> <td>.....</td> </tr> <tr> <td>iv) Leave Pay USHS/US \$.....</td> <td>.....</td> </tr> <tr> <td>v) Other í ..</td> <td>.....</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total = USHS/US \$.....</td> </tr> </table>	i) Salary USHS/US \$.....	ii) Commission USHS/US \$.....	iii) Pension/Gratuity USHS/US \$.....	iv) Leave Pay USHS/US \$.....	v) Other í	Total = USHS/US \$.....	
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13. a)	Do you hold any other Guarantee or Security for the employees? a) Yes/No í í í í í í b) If, yes, give details í												

DECLARATION

I/We the undersigned being the insured under the above policy/policies hereby claim, the sum of USHS/US \$, which was misappropriated and hereby declare(s) that the details appended hereto are full true statement of the insurance in force and the loss sustained.

Signed :..... Designation :

Witness Date :

(Official Stamp)