

CLAIM FORM BUSINESS POLICY

INSURED'S DETAILS

Policy Number							
Company Name							
Company Registration No				Email Address			
Address							
Contact Number				Contact Person			
DETAILS OF LOSS							
When did the loss occu	r? Date			Time			(eg 15h30)
Do you have internet security loaded on your device?		Y N	lf yes, pleas describe/ide				
Have you previously suffered a loss Y N If yes, please provided for in the policy?							
Have you reported the loss to the financial institution / third party?		Y N	Financial ins		ird party		
Are you the sole owner of the device from which loss occurred?		Y N	Y N If not, please provide details of the other parties concerned				
Amount of loss / unauthorised transactio	n?						
Is the loss insured under any other Y N If yes, please provide details of the policy							
Please provide a detail	ed description o	of how the los	s occurred:				



DOCUMENTS TO BE PROVIDED IN ORDER TO YOUR PROCESS CLAIM

The following documentation must be provided in order to process your claim:

- Fully completed claim form
- Bank statement reflecting transaction
- Letter from financial institution / third party that you will not be reimbursed for the loss
- Any other supporting documentation which may support the claim

I, the undersigned, hereby confirm that the information provided above is true and correct and that no information has been withheld. I confirm that the amount of loss accurately represents my loss. I hereby give written authority for Phishield to inspect and investigate any records or details relevant to this claim. I understand that any misrepresentation, concealment of facts and/or non-disclosure in respect of information provided herein shall render my claim and policy null and void.

I understand that I may be requested to provide additional information / documentation in order

Name & Surname	Signature	
ID Number	Date	

Phishield UMA (PTY) Ltd is an Authorised Financial Services Provider (FSP No: 46418). Phishield is underwritten by Bryte Insurance Company Limited (FSP No: 17703).