

**INSURED'S DETAILS**

Policy Number

Name  Surname

ID Number  Email Address

Address

Cellphone No  Landline No

**DETAILS OF LOSS**

When did the loss occur? Date  Time  (eg 15h30)

Do you have internet security loaded on your device?  Y  N If yes, please describe/identify

Have you previously suffered a loss as provided for in the policy?  Y  N If yes, please provide details

Have you reported the loss to the financial institution / third party?  Y  N Financial institution / third party reference number

Are you the sole owner of the device from which loss occurred?  Y  N If not, please provide details of the other parties concerned

Amount of loss / unauthorised transaction?

Is the loss insured under any other policy?  Y  N If yes, please provide details of the policy

Please provide a detailed description of how the loss occurred:

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**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
- Proof of identity and residence
- 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

<b>Name &amp; Surname</b>	<input type="text"/>	<b>Signature</b>	<input type="text"/>
<b>ID Number</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>