



# FUNDS PROTECT PERSONAL POLICY CLAIM FORM

## 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

Please email your fully completed claim form to [claims@phishield.com](mailto:claims@phishield.com).

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 UMA (Pty) Ltd to inspect and investigate any records or details relevant to this claim. I understand that any misrepresentation, fraud, dishonesty, wilful acts or 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 to process my claim.

Name & Surname ..... ID Number .....

Signature ..... Date .....