



Finrite Administrators (Pty) Ltd Claim Document

All information provided on this claim form is strictly confidential. Upon receipt, the claim form will be directed to the relevant department for assessment.

Claim Type (Supporting Documents Required)

Mobile Device Cover (Signed Claim Form, SAPS Case Reference Number, Affidavit, Copy of ID document and ITC Reference Number)	
Funeral Cover	
Retrenchment / Loss of Income Cover	
Medical Cover	
Personal Accident Cover	
Other	

Policy Number:

Name of Account Holder:

ID Number:

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Preferred Method of Contact:

Cell

E-mail

Cellphone Number

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Contact Number

Telephone

Fax

Alternative Cell Nr

E-mail address

Home Address:

_____ Postal Code _____

Postal Address:

_____ Postal Code _____

INCIDENT (Please provide a detailed description of the incident that necessitated the claim)

For Device Cover Customers only

Make and Model of Insured Item: _____

*IMEI/ Serial Number

*15 digit number on the back of the cellular telephone, visible when battery is removed

Incident Type

Theft Loss Damage

Describe Incident:

Theft/Loss _____

Damage _____

FOR THEFT OR LOSS

Police Station _____ Case Number _____

Contact Number _____ Date Reported _____

ITC Reference Number _____

Supporting Documents Required:

- 1. For Device Cover:**
 - Loss/Theft: Signed Claim Form, Copy of ID Document, SAPS Case Number (obtain within 48 hours), Affidavit, ITC Reference Number (Blacklisting – Important to blacklist within 48 hours)
- 2. For Funeral Cover:**
 - Signed Claim Form, Certified Copy of Deceased ID Document, Certified Copy of Death Certificate (obtained from the undertaker), Police Report (for unnatural causes), B11663 Certificate (Register of Death obtained from the undertaker), Certificate of Medical Attendant from the deceased regular physician.
- 3. For Retrenchment:**
 - Signed Claim Form, Certified ID Document, Retrenchment Letter
- 4. You may be required to submit additional documentation. To enquire on any additional Supporting Documents required or documents required to claim, please consult your Policy Wording and/or please feel free to e-mail info@finrite.co.za**

How to Submit your Claim

1. Download the Online Claim Form and Complete accordingly
2. Send the signed claim form and supporting documentation to info@finrite.co.za or to the dedicated Claims e-mail address on your Policy Wording.

Important Contact Information

- General Enquiry: info@finrite.co.za or (010) 597-3734
- Compliments: info@finrite.co.za
- Complaints: complaints@finrite.co.za
- Compliance Officer: suel@mweb.co.za