



Accidental Damage Claim

Title	ID No.
Full Names	Cell No.
Surname	Email Address
Where did you purchase the Insurance	Policy No.
Device make & model	IMEI NO.
Delivery Address (Between 8am and 5PM)	Alternative Contact Number

What happened to the device?

When did it happen (date)?

Is your device at a store or repair centre?

If yes, please provide the store name and area?

You may be requested to submit additional documentation. Feel free to email info@finrite.co.za or contact us on 010 597 3734

General Enquiry info@finrite.co.za
or 010 597 3734

Complaints complaints@finrite.co.za

Compliance Officer compliance@finrite.co.za

Compliments complaints@finrite.co.za

Signature _____

Date Completed _____