

iBurst Insurance Claim Form

Complete and fax or email the Claim Form together with the relevant certified supporting documentation to: 0865 068 400 or iburst@finrite.co.za

Policyholder Information										
Surname and Initials										
ID Number										
Policy Number										
iBurst Username										
Postal Address										
Code										
Physical Address										
Code										
Contact Numbers	W		H		C					
Type of Claim										
Modem			YES		NO		Date of Occurrence			
Required Documentation attached								Yes	No	
Proof of type of modem purchased e.g. iBurst invoice										
Retrenchment			YES		NO		Date of Occurrence			
Required Certified Documentation attached								Yes	No	
ID Document										
Letter from employer confirming retrenchment/Medical Board Certificate										
If self-employed – declaration of bankruptcy/ insolvency/liquidation certificate										
UIF card < R80 000 per annum										
Permanent Disability			YES		NO		Date of Occurrence			
Required Certified Documentation attached								Yes	No	
ID Document										
Report from Doctor/specialist										
Medical Boarding Certificate										
Temporary Disability			YES		NO		Date of Occurrence			
Required Certified Documentation attached								Yes	No	
ID Document										
Report from Doctor/specialist										
Death			YES		NO		Date of Occurrence			
Required Certified Documentation attached								Yes	No	
ID Document										
Certified copy of the Death Certificate										
BI-1663 Certificate – Notification/Register of Death										
Please remember that we may require any further documentation over and above the normal requirements										

I declare that the information supplied in this claim form is, to the best of my knowledge, true and correct. I understand that any false information will automatically disqualify this claim.

Name in Full		Signature		Date	
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Any Telephonic Enquiries, please contact Finrite on 0861 742 767