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www.shildshare.com

ShildShare MICROINSURANCE

Because financial protection matters

LEGAL GUARD CLAIM FORM

IMPORTANT:

This claim form must be submitted within 3 days of receipt of any summons or other litigation correspondence to allow sufficient time for the insurer to assess and process the matter accordingly.

NOTE: This form must be completed in full. Where a section or field does not apply, indicate "N/A".

- If the claimant is unable to complete the form personally, a family member or a friend may complete it on the claimant's behalf.
- **PLEASE ATTACH:**
  - ✓ **PROOF OF LITIGATION (by way of summons or any other litigation correspondence etc.)**
  - ✓ **Copy of National Identity Card, Passport or Driver's license**

SECTION 1: POLICYHOLDER DETAILS

First Name (s)		Surname	
National ID Number		Date of Birth	
Email Address		Mobile Number	
Home Address		Business/ Occupation	

SECTION 2: WHO DOES THE MATTER RELATE TO (IF DEPENDANT)

First Name (s)		Surname	
National ID Number		Date of Birth	
Relationship to Policyholder		Mobile Number	
Email Address		Mobile Number	
Home Address		Occupation	

(Attach Copy of National Identity Card, Passport or Driver's license)

SECTION 3: IN THE CASE OF LITIGATION STATE:

Date on which it occurred			
Where it happened			
Do you have a Personal/ Family Lawyer?	Yes	No	If So, give Details

SECTION 4: DETAILS OF THE MATTER:

Type of Matter *(Please Tick)*	Civil		Criminal		Labour	

SECTION 5: DETAILS OF MATTER

If a criminal matter, any previous convictions?	Yes	No	If yes, please **list charges** and **dates** convicted of same.
If a criminal matter, What are the charges?	Yes	No	If yes, please **list charges** and **dates** convicted of same.

Date	Charge	

SECTION 6: CLAIM ENTITLEMENT DISCLAIMER

i) Completion of this claim form does not automatically entitle the claimant to receive proceeds from the policy. ShildShare Microinsurance (Private) Limited reserves the right to pay the claim in accordance with the policy Terms and Conditions, which can be found at www.shildshare.com/termsandconditions or at any ShildShare approved customer service touchpoint.

ii) By signing this form, you consent to the collection and processing of personal data for claims purposes only, in accordance with applicable data protection laws.

SECTION 7: CLAIMANT DETAILS

i) **Fraud and Accuracy Reminder:** Any misrepresentation, non-disclosure, or fraudulent act by a Policyholder or Claimant may result in cancellation of the Policy, rejection of the claim, or forfeiture of premiums or benefits.

ii) I confirm by signing this form that the information provided in this claim form is accurate, complete, and in accordance with the Terms and Conditions of the ShildShare Legal Guard Plan, and I understand that any fraudulent information may result in the rejection of the claim or cancellation of the Policy.

First Name (s)		Surname	
National ID Number		Date of Birth	
Email Address		Mobile Number	
Home Address		Relationship to Policy Holder	

(Attach Copy of National Identity Card, Passport or Driver's license)

FULL DESCRIPTION OF CASE