

CLAIM FORM

POLICY HOLDER DETAILS	FOR OFFICIAL USE ONLY
Principal Member: _____ Policy Number: _____ Name of Claimant: _____ Relationship to Principal Member: _____ ID Number: _____ _____ Postal Address: _____ _____ _____ Tel: (Cell) _____ (Home) _____ Email: _____ Preferred mode of Communication: _____ _____	Policy Inception Date: _____ How many open claims covered by Legal Guard does client have? _____ Outstanding Premiums Yes: _____ No: _____ Payment Date: _____ _____ CLAIM RECEIVER: Name: _____ Signature: _____ Date: _____ Date of Incident: _____ Date received summons/Charge sheet: _____
Name and Physical Address of the other party: _____	

I, _____, the undersigned do hereby confirm that I have been given the checklist for my claim.

Signature

Date

Please note below:

- **SUBMISSION OF THE CLAIM FORM DOES NOT GUARANTEE COVER OF THIS CLAIM.**
- This is an application for cover of legal costs by Legal Guard. All claims lodged will be assessed for cover in terms of the applying policy wording which is binding on all claimants. A formal decision on cover will be communicated to you.
- Please insure you are given a printed check list for your matter.
- Legal Guard will give an acknowledgment of all claims lodged within 48 hours of receiving the claim.
- Update your contact details whenever there are charges.

