



CELLULAR TELEPHONE CLAIM FORM

Branch No:

Policy No:

Claim no:

1. GENERAL

Name of Insured

Identity Number

Address

Tel No (H)

Tel No (W)

Cell No

Occupation

2. CELLULAR TELEPHONE

Make

Serial/EMI no

Service Provider

Date of Purchase

Model

Contract with

Cell No

3. DAMAGED CELLULAR TELEPHONE

Date of damage

Full discription

4. DESCRIPTION (Only applicable if stolen)

Address where loss occurred

Has line been cancelled

Was cellphone switched on at time of loss?

Was sim card in cellphone at time of loss?

Have you already applied for a new sim card?

Is there a Hire Purchase Agreement on Cellphone

Account No

Outstanding Balance

Was loss reported to the S.A.P.

If No, reason

Table with YES/NO columns for various questions.

If yes, date

If yes, date

Name of company

R

Period

Table with YES/NO columns for S.A.P. reporting.

Name of Police Station where loss reported

S.A.P. Ref No

Estimated value for replacement

Have you already replaced the cellphone

Table with YES/NO columns for replacement.

If yes, where

Amount Payed

Are you the sole owner of the cellphone?

Table with YES/NO columns for sole ownership.

If No, further details

I/WE WARRANT THE TRUTH OF THE ANSWERS TO THE ABOVE QUESTIONS AND I/WE DECLARE THAT NO INFORMATION HAS BEEN WITHHELD AND THAT THE AMOUNT CLAIMED REPRESENTS MY/OUR LOSS ARISING FROM THE ABOVE STATED OCCURRENCE.

SIGNED AT

ON

SIGNATURE: INSURED