



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, Model, Serial/EMI no, Contract with, Service Provider, Cell No, Date of Purchase

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

Table with YES/NO columns for various questions

Account No, Outstanding Balance, Name of company, R, Period

Was loss reported to the S.A.P. YES NO

If No, reason

Name of Police Station where loss reported, S.A.P. Ref No

Estimated value for replacement

Have you already replaced the cellphone YES NO If yes, where Amount Paid

Are you the sole owner of the cellphone? YES NO

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