



## C SURANCE MOBILE EQUIPMENT CLAIM FORM

All information provided on this claim form is strictly confidential. Please print clearly in block letters with a black pen. Please complete the relevant sections, attach the certified documents and fax them to 086 297 8817 or email to Csurance@wwas.co.za

Subscriber Account Number:

Stolen

Damaged

Lost

Claim Number

Incident Date

Name of Account Holder

ID Number

Cellphone Number

Contact Numbers Telephone Fax

Alternative Cell Nr Email Address

Home Address:

Postal Code

Postal Address:

Postal Code

Make and Model of Insured Item

\*IMEI/Serial Number

\* 15 digit number on the back of the cellular telephone, visible when battery is removed

**INCIDENT (Please provide a detailed description of the incident)**

Theft/Loss

Fault/Failure

**Please Note:** For repairs to be effected, the equipment must be booked through to our *authorised repair* centre via a Cell C, Franchise store or any other company branded channel.

24 August 2017

**FOR THEFT OR LOSS**

Police Station

Case Number

Contact Number

Date Reported

ITC Reference Number

Date Reported to Cell C

**Note: No claim for theft from a vehicle or premises will be accepted without evidence of forcible entry.****EXCESS PAYABLE****Excess payable for Insurance policies which started within 30 days of a new subscriber agreement:**

Original Handset Value	Basic Excess for Theft/Loss claims	Basic Excess for Damage claims	Theft/Loss/ Damage which occurs within 60 days of the start of the Insurance policy	A second claim event within 12 months of the previous event
Up to R1 000	10% of original handset value, with a minimum of R 250	R 150	Additional 50% of the basic excess applicable	Additional 50% of the basic excess applicable
R 1 001 to R 2 500	10% of original handset value, with a minimum of R 250	R 150		
R 2 501 to R 5 000	10% of original handset value	R 200		
R 5 001 to R7 500	10% of original handset value	R 300		
R 7 501 to R 9 000	15% of original handset value	R 500		
R 9 001 to R 12 000	15% of original handset value	R 650		
R 12 001 to R 15 000	20% of original handset value	R 750		
R 15 001 to R 20 000	20% of original handset value	R 1 250		
R 20 001 to R 25 000	20% of original handset value	R 1 750		

**ADDITIONAL EXCESSES PAYABLE****If the insurance policy started 30 days after commencement of the subscriber agreement, the following excesses will apply in addition to the above:**

Insurance policy start date:	Theft/Loss/Damage
Between 31 days and the end of 6 months since <i>subscriber agreement</i> commenced	Additional excess of R950

<b>Insurance policy start date:</b>	<b>Theft/Loss/Damage</b>
Between the start of the 7th month and the end of 12 months since the <i>subscriber agreement</i> commenced	Additional excess of 50% of the original handset value
Between the start of the 13th month and the end of the 24 month since the <i>subscriber agreement</i> commenced	Additional excess of 75% of the original handset value

**Please take Note of the following important information:**

An excess cannot be offset against any claim. All amounts are inclusive of VAT.

This relevant *excess* amount is payable in cash and is to be deposited into the *administrator's* bank account before a claim can be finalised: The banking details are:

Worldwide Advisory Services (Pty) Ltd, First National Bank Limited, Account no: 6266 9582001, Branch code: 260 950. A receipt to be provided as proof of a cash or EFT payment. Please use your Cell phone number as reference on the cash deposit slip.

<b>DECLARATION</b>
I/we have procured cover and agreed to the terms thereof with the Insurers and declare to the best of my/our knowledge that the above particulars are true and correct, and I/we undertake to render every assistance in my/our power in dealing with the matter. I/we hereby agree that the Insurer may take over and conduct the process for their own benefit of any claim against anyone liable for the loss, for whatever reasons and shall have full discretion in the conduct thereof. I/we the undersigned hereby waive any rights of recourse that I/we may have against Cell C or the Insurer, relating to the disclosure of the above-mentioned information. Should any equipment be recovered after a claim for loss/theft has been submitted, this equipment shall become the property of the Insurer. If the equipment is deemed to be beyond economical repair (BER) by an approved repairer, all components such as the aerial, battery and charger must be submitted by the subscriber to Cell C.

<b>For Store Use</b>	
<b>Claim Process Checklist (Attach Certified Documents to the claim form)</b>	
<input type="checkbox"/> Police Case	Store Name <span style="float: right;">Store Code</span>
<input type="checkbox"/> Affidavit	Store Contact Number <span style="float: right;">Store Email</span>
<input type="checkbox"/> Copy of ID	Consultant name

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

Underwritten by Hollard Insurance Company Limited

**Hollard.**