



**C SURANCE PLUS : UNLAWFUL USAGE / SUBSCRIBER AGREEMENT COVER / EXTENDED WARRANTY**

**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 required certified documents and fax them to 086 527 8902 or e-mail to Csurance@wwas.co.za.

Subscriber Account Number:

Claim number: \_\_\_\_\_ Date notified: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Cellphone number:

Contact Numbers: Telephone  Work

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address:

ID Number:

Type of claim (Tick box):

**Unlawful Usage**

Lost  Stolen

Date and time lost/stolen

Date and time reported to Cell C for blacklisting

**Subscriber Agreement**

Involuntary Retrenchment

Date:

Permanent Disability

Date:

Death

Date:

**Extended Warranty**

Date handset purchased

**IMPORTANT**

The areas marked below with a V require the relevant documentation to be submitted with the claim form for **Subscriber Agreement** claims – certified copies will be accepted.

Document	Involuntary Retrenchment	Permanent Disability	Death
Identity document	√	√	√
Letter from Employer confirming retrenchment	√		
Report from Doctor/Specialist		√	√
Medical boarding certificate from Employer		√	
Death Certificate			√
Police report if death occurred as a result of Unnatural Causes			√

I hereby declare that the information supplied on this claim form is, to the best of my knowledge, true and correct. I understand that any false information may automatically disqualify this claim.

<b>Full name:</b>			
<b>Signed:</b>		<b>Date:</b>	

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**Hollard.**