



# Hollard.

Cell C are a Juristic Representative of World Wide  
Advisory Services (Pty) Ltd, an authorised  
Financial Services Provider

Underwritten by The Hollard Insurance Company Ltd  
Hollard is a licensed Financial Service Provider (FSP 17 698)

## CELL C EXCESS ASSIST 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 [claims@excessassist.co.za](mailto:claims@excessassist.co.za).**

Subscriber Account Number:

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Claim number: \_\_\_\_\_ Incident date: \_\_\_\_\_

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

Cellphone number: \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

ID Number:

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### Underlying Insurer detail

Underlying Insurer name: \_\_\_\_\_

Type of policy: \_\_\_\_\_

Policy number: \_\_\_\_\_

Basic excess amount: \_\_\_\_\_

Underlying insurer telephone number: \_\_\_\_\_

Name of person handling claim: \_\_\_\_\_

Police case number (where applicable): \_\_\_\_\_

- You must provide proof that the Underlying Insurer has accepted and settled your claim under the Underlying Insurance Policy.
- You must provide proof of the excess amount payable by you to the Underlying Insurer.
- Please provide the replacement quote and photos indicating the damage/loss (where applicable).

DECLARATION
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.

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

Full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_