



# 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

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

If yes, date \_\_\_\_\_

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?

If yes, date \_\_\_\_\_

Is there a Hire Purchase Agreement on Cellphone

Account No \_\_\_\_\_

Name of company \_\_\_\_\_

Outstanding Balance

R \_\_\_\_\_

Period \_\_\_\_\_

Was loss reported to the S.A.P.

YES	NO
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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
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If yes, where \_\_\_\_\_

Are you the sole owner of the cellphone?

YES	NO
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Amount Payed \_\_\_\_\_

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**