

24 HOUR MOBILITY CHANGE OF LAPTOP DETAILS FORM

POLICY HOLDER DETAILS:

POLICY HOLDER NAME	
POLICY NO	
IDENTITY NO	
POLICY HOLDER CONTACT NO	
POLICY HOLDER EMAIL ADDRESS	

USER CELL NUMBER	
USER EMAIL ADDRESS	
CURRENT SERIAL NUMBER	
CURRENT USER NAME & SURNAME	
CURRENT USER EMAIL ADDRESS	

CHANGE OF USER: NAME & SURNAME			
CHANGE OF USER: ID NUMBER		CELL NUMBER	
CHANGE OF POSTAL ADDRESS		POSTAL CODE	
CHANGE OF SERIAL NUMBER			
MAKE AND MODEL			
REASON FOR CHANGE OF DEVICE	<input type="checkbox"/> UPGRADE	<input type="checkbox"/> OBF	<input type="checkbox"/> WARRANTY <input type="checkbox"/> CLAIM REPLACEMENT

If a change of device (serial number) either a proof of purchase must be submitted with this change of details form

CHANGE OF LAPTOP INDEMNITY LIMIT: IF YOU DO NOT KNOW THE VALUE OF YOUR DEVICE OUR CONTACT CENTRE WILL CALL YOU TO VERIFY THE NEW PREMIUM

MAKE	Limit of Indemnity	Nett Premium	Admin Fee	Model	Total	Total
	R0 to R5 000	R58.00	R12.00	R70.00		
	R5 001-R6 000	R71.00	R12.00	R83.00		
	R6 001-R7 000	R82.00	R12.00	R94.00		
	R7 001-R8 000	R94.00	R12.00	R106.00		
	R8 001-R9 000	R105.00	R12.00	R117.00		
	R9 001-R10 000	R118.00	R12.00	R130.00		
	R10 001-R11 000	R129.00	R12.00	R141.00		
	R11 001-R12 000	R141.00	R12.00	R153.00		
	R12 001-R13 000	R152.00	R12.00	R164.00		
	R13 001-R14 000	R164.00	R12.00	R176.00		
	R14 001-R15 000	R176.00	R12.00	R188.00		
	R15 001-R16 000	R188.00	R12.00	R200.00		
	R16 001-R17 000	R199.00	R12.00	R211.00		
	R17 001-R18 000	R211.00	R12.00	R223.00		
	R18 001-R19 000	R222.00	R12.00	R234.00		
	R19 001-R20 000	R234.00	R12.00	R246.00		
	R20 001-R21 000	R246.00	R12.00	R258.00		
	R21 001-R22 000	R258.00	R12.00	R270.00		
	R22 001-R23 000	R269.00	R12.00	R281.00		
	R23 001-R24 000	R281.00	R12.00	R293.00		
	R24 001-R25 000	R292.00	R12.00	R304.00		

CHANGE OF BANKING DETAILS:

BANK			
BRANCH		BRANCH CODE	
ACCOUNT NO			
ACCOUNT HOLDER			
TYPE OF ACCOUNT			
	CURRENT	SAVINGS	WHAT IS MY PAY DATE
PLEASE DEBIT MY ACCOUNT ON THE FOLLOWING DATE EVERY MONTH			

Debit Date Options: Any debit date can be selected

I hereby authorise Guardrisk Insurance Company Ltd or their appointed nominee to make the above changes and to debit my bank account with the monthly premium on the above working day of each month.

Client's Signature: _____ Date: _____ / _____ / _____

Once the details have been amended, an updated policy schedule and copy of your policy wording will be emailed as confirmation