24 HOUR MOBILITY CLAIM FORM



NOTE: The claims process starts with FULL COMPLETION of this form, all fields are MANDATORY and the claim will be delayed if not completed accurately.

All lost/Stolen phones MUST be blacklisted prior to the claim being attended to and within 48 hours from date of loss.

Please contact your Service Provider who will assist you with blacklisting your phone.

This form and all supporting documents required MUST be submitted within 30 days from date of loss. Please include a copy of your ID document.

CLAIMS DECLARATION - COMPLETE AND RETURN TO PINNACLE MARKETING (PTY) LTD CUSTOMER INFORMATION

Cellphone Number	0			-				-							
Name of User															
ID Number															
Contact Person				'						'					
Contact No	0			-				-							
Secondary Contact No	0			-				-							
Email for correspondence		'		'	'					'					
Preferred communication	С	all		SMS		En	nail								
NB: Delivery address															
for courier of new															
replacement device															
PLEASE ENSURE THAT ALL BELOV PLEASE BE ADVISED THAT ANY MI									TO A DELA	Y IN THE F	ROCESS	ING OF THE	E CLAIM.		
THEFT AND LOSS															
	SS														
Device Details:								Device Make & Model:							
Place of Loss:	Date & Time of Loss:														
IMEI Number:															
DETAILED description of ev	vents lea	ading to	claim: Pl	ease ensur	e that ful	ı details	are provi	ded to av	old claim	delay:					
BLACKLISTING AND P	OLICE	INFO	RMATIC	ON											
S.A. Police Station Name:															
S.A.P Case No:	Date Reported:														
ITC REFERENCE: (Blacklisti	sting ref) Date of Blacklisting:														
THEFT FROM A VEHIC	LE: A	сору	of the in	voice for	r repai	rs to y	our ve	hicle m	ust ac	compa	ny this	claim 1	form		
How was entry gained? Were all doors locked?															
Where in the vehicle was the cellphone at the time of theft?															
Who repaired the damage to															
DAMAGE		_													
ACCIDENTAL		LIQUID)												
Device Make & Model:															
Place of Damage:						Date 8	Time of	Damage):						
IMEI Number:															
DETAILED description of ev	vents lea	ading to	claim: Pl	ease ensur	e that ful	l details	are provi	ded to av	oid claim	delay:					
										•					
Describe the problems occur	ring with	the devi	ice since th	ne damage	occurred	d:									
What is the collection address	s of the o	damage	d handset?)											
Please supply a copy of your ID doo	cument an	nd if a the	ft occurred f	rom a vehicle	e, home o	r office pr	oof of forc	ible and vi	olent entry	must be p	rovided.				
Please ensure that only the batter											ved from	the device.	Please		
note that the device may be wiped • Excess: Excesses differ depending											e policy s	chedule			
 Excess: Excesses differ depending on the insurance product. The claims department will advise you on the excess payable or revert to the policy schedule. Should the replacement/ repaired phone not be collected or the excess paid within 90 days from the date of loss all benefits in terms of this claim will be forfeited. 															
I understand that I am fully bound			•				•		acts const	itutes frau	d. I have r	no other ins	urance		
on the property claimed for above	. ı nereby	agree tha	at the insure	is are of the	uiscretion	in the co	iduct ther	eor.							
NSURED SIGNATURE :															

