

CLAIMS DECLARATION – COMPLETE AND RETURN TO PINNACLE MARKETING (PTY) LTD

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 mobile devices 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 mobile device. This form, a copy of your ID and all supporting documents required must be submitted within 30-days from date of loss. **Once completed, please submit the claim form and all supporting documents to: claims@24hourmobility.co.za**

CUSTOMER INFORMATION: PLEASE ENSURE THAT FULL DETAILS ARE PROVIDED TO AVOID CLAIM DELAY.			
USER NAME & SURNAME			
ID / PASSPORT NUMBER			
CONTACT PERSON			
CONTACT NUMBER 1		CONTACT NUMBER 2	
EMAIL ADDRESS			
COLLECTION / DELIVERY ADDRESS FOR COURIER			
PREFERRED COMMUNICATION	<input type="checkbox"/> Call	<input type="checkbox"/> SMS	<input type="checkbox"/> Email

PLEASE ENSURE THAT ALL BELOW FIELDS ARE COMPLETED IN FULL IN RELATION TO THE TYPE OF CLAIM.
PLEASE BE ADVISED THAT ANY MISSING INFORMATION OR LACK OF SUPPORTING DOCUMENTATION WILL LEAD TO A DELAY IN THE PROCESSING OF THE CLAIM.

THEFT AND LOSS CLAIM DETAILS: PLEASE ENSURE THAT FULL DETAILS ARE PROVIDED TO AVOID CLAIM DELAY.			
CLAIM TYPE	<input type="checkbox"/> Theft	<input type="checkbox"/> Loss	
DEVICE MAKE & MODEL			
IMEI NUMBER 1	<i>(Cellular & Tablets)</i>		
IMEI NUMBER 2	<i>(Cellular & Tablets)</i>		
SERIAL NUMBER / E-SIM NUMBER	<i>(Laptops & Other Devices)</i>		
PLACE OF LOSS		DATE OF LOSS	
		TIME OF LOSS	
DETAILED DESCRIPTION OF EVENTS LEADING TO CLAIM			
POLICE INFORMATION AND ITC (BLACKLISTING)			
SA POLICE STATION NAME		SAPS CASE NUMBER	
		DATE REPORTED	
DATE OF BLACKLISTING		ITC REFERENCE 1	<i>(Blacklisted IMEI 1)</i>
		ITC REFERENCE 2	<i>(Blacklisted IMEI 2)</i>
THEFT FROM A VEHICLE, HOME OR OFFICE: A COPY OF THE INVOICE FOR REPAIRS TO YOUR VEHICLE, HOME OR OFFICE MUST ACCOMPANY THIS CLAIM FORM.			
WHERE IN THE VEHICLE, HOME OR OFFICE WAS THE DEVICE AT THE TIME OF THEFT		HOW WAS ENTRY GAINED	

DAMAGE CLAIM DETAILS: PLEASE ENSURE THAT FULL DETAILS ARE PROVIDED TO AVOID CLAIM DELAY.			
CLAIM TYPE	<input type="checkbox"/> Accidental	<input type="checkbox"/> Liquid	
DEVICE MAKE & MODEL			
IMEI NUMBER 1	<i>(Cellular & Tablets)</i>		
IMEI NUMBER 2	<i>(Cellular & Tablets)</i>		
SERIAL NUMBER / E-SIM NUMBER	<i>(Laptops & Other Devices)</i>		
PLACE OF DAMAGE		DATE OF DAMAGE	
		TIME OF DAMAGE	
DETAILED DESCRIPTION OF EVENTS LEADING TO CLAIM			
DESCRIBE THE PROBLEMS OCCURRING WITH THE DEVICE SINCE THE DAMAGE OCCURRED			

- Please supply a copy of your ID document and if a theft occurred from a vehicle, home or office proof of forcible and violent entry must be provided.
- Please ensure that only the battery and cover are submitted with the mobile device and that the SIMcard and any memory card is removed from the mobile device.
- Please note that the mobile device may be wiped for testing, quality control and security purposes so please backup all data prior to collection.
- Excess will differ depending on the insurance product. The claims department will advise you on the excess payable or you can revert to your policy documentation.
- Should the excess not be paid within 90-days of the date of loss, all benefits in terms of this claim will be forfeited.

I understand that I am fully bound by my conscience in making this statement and that any misrepresentation of the facts constitutes fraud. I hereby confirm that I have no other insurance on the property claimed for above. I hereby agree that the insurers are of the discretion in the conduct thereof.

Insured's Name & Surname

Insured's Signature

Date Signed