

**CELLULAR PHONE CLAIM FORM**

<b>INSURER</b>			<b>BROKER</b>		Ngenious Business Solutions (Pty) Ltd		
<b>POLICY NUMBER</b>			<b>BROKER CONTACT DETAIL</b>		011 760 2124		
<b>INSURED</b>	<b>NAME</b>		<b>INSURED CONTACT :</b>				
	<b>OCCUPATION / BUSINESS DESCRIPTION</b>		<b>INSURED TEL / CELL NR.</b>				
	<b>ADDRESS</b>		<b>INSURED EMAIL :</b>				
<b>LOSS DETAIL</b>	<b>Date of Loss :</b>		<b>Time of Loss :</b>				
	<b>When was loss discovered ?</b>						
	<b>Place where loss occurred ?</b>						
<b>DESCRIPTION OF CLAIM / LOSS / DAMAGE.</b>	Please describe fully how the Loss and / or Damage occurred.						
If loss / damage was caused by another party please supply Name, Address and Contact Details of that party.							
<b>CELLPHONE DETAILS</b>	<b>Make &amp; Model :</b>		<b>SERIAL / IMEI NR.</b>				
	<b>Service Provider :</b>		<b>DATE PURCHASED</b>				
	Please confirm that the Cellphone has been Blacklisted / Cancelled with Service Provider ? <i>(*Please note that this is a requirement by your Insurer*)</i>				Yes	No	
	Please provide date on which this was done : <i>(* Kindly supply documentary proof thereof* )</i>				<b>DATE</b>		
	Estimated Replacement cost of Cellphone : <i>(*Please supply a quotation to replace Cellphone*)</i>						
<b>PREVIOUS LOSS / DAMAGE HISTORY</b>	<b>Have you previously suffered a loss ?</b>						
	If YES, please provide details thereof :						
	If Insured, provide Details :						
<b>POLICE DETAILS</b>	<b>Date Reported</b>		<b>Has any other party an interest in the Insured Property ?</b>				
	<b>Case Number</b>		<b>Name of Party</b>				
	<b>Police Station</b>		<b>Credit Agreement No.</b>				
<b>OTHER INSURANCE</b>	<b>Is there any other Insurance policy covering this Loss / Damage ?</b>						
	If YES, please provide Name of Insurer & Policy Number.						

**INFORMATION SHARING - CONSENT OF INSURED**

- 1 I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the best interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
- 2 I waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provide by another person on my behalf in respect of any insurance policy or claim made or lodged by me. This is one my own behalf as well as on behalf of any person I represent in terms of this insurance policy.
- 3 I acknowledge that the Insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.
- 4 I consent to such information being disclosed to any other insurance company ot its agent.
- 5 I acknowledge that the information may be verified against legally recognised sources or database.

**DECLARATION**

I / We hereby acknowledge that the insurer may make and enquiry, where applicable, to the South African Crime Burea or their authorised representatives to obtain any information or detail as being reported on this claim form.

I/We hereby declare that the afore going particulars to be true in every respect.

<b>Insured Signature</b>		<b>Date (YYYY / MM / DD )</b>	
<b>Capacity</b>		<b>Place</b>	