



SHORT TERM BROKERS

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CELL PHONE CLAIM FORM

Policy No: _____

Claim no: _____

1. GENERAL

Name of Insured	_____	Tel No (H)	_____
Identity Number	_____	Tel No (W)	_____
Address	_____	Cell No	_____
Email address	_____		
Occupation	_____		

2. CELLULAR TELEPHONE

Make	_____	Model	_____
Serial/IMEI no	_____	Contract with	_____
Service Provider	_____	Cell No	_____
Date of Purchase	_____		

3. EVENT DESCRIPTION

Date of loss / damage _____

Full description _____

4. DESCRIPTION (Only applicable if stolen)

Address where loss occurred _____

Was loss reported to the S.A.P. YES NO

If No, reason _____

Name of Police Station where loss reported _____ S.A.P. Ref No _____

Have you already replaced the cell phone YES NO If yes, where _____

ITC / Blacklist number _____ Amount Paid _____

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.

Client signature _____

Date _____

Value. Service. Trust