



C SURANCE UNLAWFUL USAGE, SUBSCRIBER AGREEMENT AND EXTENDED WARRANTY

CLAIM FORM

All information provided on this claim form is strictly confidential. Please print clearly in block letters with a black pen. Please complete the relevant sections, attach the required certified documents and fax them to 086 297 8817 or e-mail to CellC@finrite.co.za.

Subscriber Account Number: _____

Claim number: _____ Date notified: _____

Name of Account Holder: _____

Cellphone number: _____

Contact Numbers:

Home		Work	
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Home Address: _____

_____ Postal Code _____

Postal Address: _____ Postal Code _____

Email Address: _____

ID Number:

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Type of claim (Tick box):

Unlawful Usage

Lost		Stolen	
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Date and time lost/stolen:

Y	Y	M	M	D	D
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H	H	M	M
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Date and time reported to Cell C for blacklisting:

Y	Y	M	M	D	D
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H	H	M	M
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Subscriber Agreement

Involuntary Retrenchment	
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Date	Y	Y	M	M	D	D
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Permanent Disability	
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Date	Y	Y	M	M	D	D
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Death	
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Date	Y	Y	M	M	D	D
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Extended Warranty

Date handset purchased	Y	Y	M	M	D	D
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Note: Unlawful usage is covered for a period not exceeding 24 hours from the time the *Mobile Equipment* is lost or stolen, to when it is blacklisted.

IMPORTANT

The areas marked below with a ✓ require the relevant documentation to be submitted with the claim form for **Subscriber Agreement** claims – certified copies will be accepted.

Document	Involuntary Retrenchment	Permanent Disability	Death
Identity document	✓	✓	✓
Letter from Employer confirming retrenchment	✓		
Report from Doctor/Specialist		✓	✓
Medical boarding certificate from Employer		✓	
Death Certificate			✓
Police report if death occurred as a result of Unnatural Causes			✓

I hereby declare that the information supplied on this claim form is, to the best of my knowledge, true and correct. I understand that any false information may automatically disqualify this claim.

Full name	
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Signed		Date	
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Underwritten by The Hollard Insurance Company Limited

Hollard.