

CELLULAR TELEPHONE CLAIM FORM

INSURANCE COMPANY	POLICY NUMBER
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1. GENERAL

Name of Insured	Tel No (H)
Identity Number	Tel No (W)
Address	Cell No
.....	Occupation

2. CELLULAR TELEPHONE

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

3. DAMAGED CELLULAR TELEPHONE

Date of damage

Full discription

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4. DESCRIPTION (Only applicable if stolen)

Address where loss occurred

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Has line been cancelled	YES	NO	If yes, date
Was cellphone switched on at time of loss?	YES	NO
Was sim card in cellphone at time of loss?	YES	NO
Have you already applied for a new sim card?	YES	NO	If yes, date
Account No	Name of company		
Was loss reported to the Police.	YES	NO
If No, reason		

Name of Police Station where loss reported

Police. Ref No

Estimated value for replacement

Have you already replaced the cellphone	YES	NO	If yes, where
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Amount Paid

Are you the sole owner of the cellphone?	YES	NO
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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.

SIGNED AT

ON

SIGNATURE: INSURED