



NOTE: 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 phones 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 phone.
 This form and all supporting documents required MUST be submitted within 30 days from date of loss.

Store Code assisting with CLAIM: Tel:..... Email:.....
 Consultant Name & Surname:..... Do you have stock available? YES..... No:.....

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

Cellphone Number	0			-				-					
Name of user													
ID Number													
Physical Address													
Contact Person													
Contact Telephone	()												

Email address for correspondence:

PLEASE ENSURE THAT ALL BELOW FIELDS ARE COMPLETED IN FULL.

Please tick the appropriate box:

Type of Loss/Damage Damaged Stolen Lost

Phone Details:

Phone Make & Model													
Place of Loss													
Date & Time of Loss													
IMEI Number													
Date handset last used:													

DETAILED description of events leading to claim:

Damaged Handsets: what is the collection address of the damaged handset?

Date the damage occurred or detected?

Please ensure that all accessories are submitted with the handset

Theft from a vehicle: A copy of the invoice for repairs to your vehicle must accompany this claim form

How was entry gained?..... Were all doors locked?

Where in the vehicle was the cellphone at the time of theft?.....

Who repaired the damage to the vehicle?.....

S.A. Police Station Name:..... S.A.P Case No:.....Date Reported:

Excess: Excesses differ depending on the insurance product. The claims department will advise you on the excess payable or revert to the policy schedule.

ITC REFERENCE													
Date of Blacklisting:													

Should the replacement / repaired phone not be collected within 90 days from 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 have no other insurance on the property claimed for above. I hereby agree that the Insurers of the Policy may take over and conduct this prosecution for their own benefit of any claim for cover or otherwise and shall have full discretion in the conduct thereof.



SIGNED: NAME: (Block Letters)

DATE: