

CELLULAR TELEPHONE CLAIM FORM			
<b>Name of Insured</b>		<b>Policy number</b>	
Identity Number		Occupation	
Address:		Contact number (office)	
		Mobile number	
		e-mail address	
DAMAGED CELLULAR TELEPHONE DETAILS			
Full description of make and model			
IMEI number		Service Provider	
Date and time of loss			
Cause of loss/ damage/ quotation for repair or replacement			
It is a RICA requirement to obtain an ITC number even if the phone was not stolen		ITC number	
DESCRIPTION OF DAMAGE (ONLY APPLICABLE IF STOLEN)			
Address where loss occurred			
If phone was stolen – please state ITC number			
Have you applied for a new sim card	YES	NO	
Was the loss reported to the Police	YES	NO	
If yes, name of Police station and case number			
If No, please advise reason			
Estimated value for replacement – please attach quotation			
Have you already replaced the cell phone	YES	NO	
If so, please attach invoice			

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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE