

CELL C DEVICE INSURANCE CLAIM FORM

(Claims process available at the end of this form)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

DETAILS OF POLICYHOLDER (CELL C ACCOUNT HOLDER)				
Name and surname				
Identity number	Cell C account number			
Cell number	Alternative contact number			
Email address				
Physical address				
Claim number (if you've already received a claim number	er)			
DETAILS OF THE DEVICE				
Make Model		IMEI/Serial number*		
*The 15-digit number on the back of the device which is	s visible when the battery is removed.			
IF YOUR DEVICE WAS LOST OR STOLEN, PLEASE COMP	LETE THIS SECTION			
Date of incident	Date reported to police Police station			
Police case number				
Date reported to Cell C for blacklisting	Blacklisting reference number			
Detailed description of the incident				
IF YOUR DEVICE WAS ACCIDENTALLY DAMAGED, PLEA	SE COMPLETE THIS SECTION			
Date of incident				
Detailed description of the incident				



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Det	tailed description of the damage			
Nai	me of Cell C store where device was delivered			
(if	you've already taken your device to a Cell C store)			
DE	CLARATION BY POLICYHOLDER			
1.	I confirm that all the information provided in this claim form is true and correct.			
2.	2. I understand that any incorrect information may lead to my claim being rejected or my policy being cancelled.			
3.	3. I understand that if my claim is accepted, it will not be settled in cash.			
4.	If my device was lost or stolen and is found or recovered after my claim has been settled, then:			
	I understand that the device will belong to Hollard and will no longer be my property.			
	• I promise to take the recovered device to the nearest Cell C store and advise Worldwide Advisory Services at which store			
	they can collect it.			
5.	If my device is repairable, I understand that it will be returned to my chosen Cell C store where I can collect it.			
6.	, , , , , , , , , , , , , , , , , , , ,			
my property.				
7.	If my device is replaced, then:			
	• I understand that the make and model of the replacement device will depend on availability as explained below:			
	o If the same make and model of the device is still available on the market or from the			
	suppliers, I will receive a device with the same make and model.			
	 If the device is no longer available on the market or from the suppliers, I will receive a device with a different make or model with the same or similar features and quality. 			
	• I understand that the value of the replacement device will be the lesser of:			
	\circ the value of my insured device as at the date of the loss; and \circ the maximum insured			
	value shown in my policy schedule.			
Nai	me of policyholder Signature of policyholder Date			



PAYMENT OF YOUR EXCESS

You must pay your excess as soon as your claim is approved and **before** your device will be repaired or replaced. Worldwide Advisory Services will tell you when you must pay your excess.

You must pay your excess into Worldwide Advisory Services' bank account and send them a copy of the bank deposit or EFT as
proof of payment.

Account holder: Worldwide Advisory Services (Pty) Ltd.

Bank: First National Bank Limited

Account number: 6266 9582001
Branch code: 260 950
Type of account: Current

Reference number: Your cell phone number

- You must pay an additional excess of 50% of the applicable basic excess on top of your basic excess in the following instances, but Worldwide Advisory Services will tell you if this applies to you:
 - If you claim within 60 days of the start of this policy.
 - If you have a second claim within 12 months of the previous claim.
- All excess amounts are inclusive of VAT. Your applicable excess is shown in the table on the following page.

Original Device Value	Basic Excess for Theft/Loss	Basic Excess for Damage claims
	claims	
Up to R1 000	R 250	R 150
R 1 001 to R 2 500	R 250	R 150
R 2 501 to R 5 000	10% of original handset value	R 200
R 5 001 to R7 500	10% of original handset value	R 300
R 7 501 to R 9 000	15% of original handset value	R 500
R 9 001 to R 12 000	15% of original handset value	R 650
R 12 001 to R 15 000	20% of original handset value	R 750
R 15 001 to R 20 000	20% of original handset value	R 1 250
R 20 001 to R 25 000	20% of original handset value	R 1 750
R 25 001 to R 31 000	20% of original handset value	R 2 250
R 31 001 to R 35 000	20% of original handset value	R 2 750
R 35 001 to R 42 500	25% of original handset value	R 3 500
R 42 501 to R 50 000	25% of original handset value	R 4 500



CLAIMS PROCESS

Complete this claim form within 30 days of the date of the insured event and email it to <u>claims@deviceinsurance.co.za</u> or fax it to the administrator, Worldwide Advisory Services, on **086 527 8902**, or contact them telephonically on **084 157 0007**.

- If your device is lost or stolen, you must:
 - Notify Cell C immediately so that they can blacklist the device on the Cell C network. This lost or stolen device may never be
 used again. We cannot process your claim unless this has been done.
 - Notify the police within 48 hours of the device being blacklisted.
 - Provide Worldwide Advisory Services with a police case number and an affidavit confirming the details of the claim incident.
- If your device is damaged, you must provide us with the damaged device by taking it to your nearest Cell C store, and advising Worldwide Advisory Services at which store they can collect it.
- Tell Worldwide Advisory Services if you have more than one policy in place that covers the same device.
- Provide Worldwide Advisory Services with all information, documents and evidence requested to prove your claim.