



Santova

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 FSP License No. 6018

CELLULAR TELEPHONE CLAIM FORM

Insured	Policy Number			
	Name			
	Occupation			
	Address			
	Contact Number			

Cell Phone Details	Make		Cell no	
	Model		Service provider	
	Serial / IMEI no		Date of purchase	

Loss / Damage Details	Date and Time		Place	
	Describe fully how the loss / damage occurred and give the address of where the loss occurred.			
	Police Station		SAP Case no	

Stolen Cell Phone Details	Has the cell phone been blacklisted?		Confirm ITC no	
	Are you the sole owner of the cell phone?		If no, who is?	
	Was the cell phone switched on at time of loss?		Was sim card in the cell phone at time of loss?	
	Have you already replaced the cell phone?		If yes, please confirm from where.	
	Have you already applied for a new sim card?		If so, please confirm the date of replacement.	

Value	Estimated value for new replacement cell phone	
	Please attach a quotation for new replacement cell phone	

Other Parties	Is there a hire purchase agreement on the cell phone?	
	Name of Company	
	Account number	
	Outstanding balance	

Declaration	I / We hereby declare the foregoing particulars to be true in every respect and that no information has been withheld and that the claimed amount represents my / our loss from the above stated occurrence.		
	SIGNED AT		ON
	SIGNATURE OF INSURED		