

Vodacom Insurance Claim

Underwriter: Vodacom Insurance Company (RF) Limited



Complete this claims form and email it to CorporateClaims@finrite.co.za

Tel: 082 1952

Fax: 011 546 9000

NOTE: A Claim cannot start to be entertained until all the details are completed.

All lost/stolen phones/ portable device and 3G cards must be blacklisted / grey listed before your claim can be attended to. All Apple devices must be removed from iCloud before claims can be processed.

EXCESS WILL BE PAYABLE AS PER POLICY WORDING

Cellphone Number	0																				
Customer Name																					
Email																					
ID Number/Co. Reg No																					
Name of user (if different)																					
Address																					
Contact Person																					
Contact Tel																					
Date of Loss			Time			Place of Loss															
Make of Device						Where Purchased															
Model of Device						Purchase Date															
IMEI or Serial Number																					
Which area would you prefer to collect from?																					
LOST/STOLEN		DAMAGE																			
How did loss / damage occur?																					
Theft claim: The following details <u>must</u> be supplied for all claims involving theft or loss of any kind. NO DETAILS NO CLAIM																					
Theft Claim Details	S.A.Police Station Name					S.A.P Case No.															
	Date Reported					ITC Reference No															

The damaged phone/laptop/portable device & parts must be returned to us.
 Should the stolen or lost phone/laptop/portable device be recovered it becomes the property of the Insurer.
 This form must be submitted to Cellsure (Pty) Ltd within 30 days from date of loss.
 Should the replacement phone not be collected within 60 days from 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 may take over and conduct the prosecution for their own benefit of any claim for indemnity or otherwise and shall have full discretion in the conduct thereof.

SIGNED _____ NAME _____ DATE _____