



CELLULAR TELEPHONE CLAIM FORM

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 Rosebank, 2196
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ALL APPLICABLE SECTIONS MUST BE COMPLETED

1. THE INSURED

Broker		Policy Number	
Full Names			
Tel Number		ID Number	
Occupation		Address	

2. CELLULAR TELEPHONE

Make		Model	
Serial/IME Number		Contract with	
Service Provider		Cell Number	
Date of Purchase			

3. DAMAGED CELLULAR TELEPHONE

Date of Loss	
Full description of Loss	

4. DESCRIPTION IF STOLEN

Address where loss occurred				
Has line been cancelled?	Yes	No	If yes, date:	
Was cell phone switched on at time of loss?	Yes	No		
Was sim card in cell phone at time of loss?	Yes	No		
Have you already applied for a new sim card?	Yes	No	If yes, date:	
Is there a Hire Purchase Agreement on Cellphone?	Yes	No		
Account Number			Name of Company	
Outstanding balance	R		Period	
Was loss reported to the S.A.P?	Yes	No	If Yes, name of Police Station and Ref No:	
If NO, please give reason:				
ITC Number		Estimated replacement value	R	
Have you already replaced the cell phone?	Yes	No	If Yes, where and amount:	
Are you the sole owner of the cell phone?	Yes	No	If No, provide details:	

I/WE DECLARE THE ANSWERS GIVEN TO THE ABOVE QUESTIONS TO BE TRUE AND THAT NO INFORMATION HAS BEEN WITHHELD AND THAT THE AMOUNT CLAIMED REPRESENTS MY/OUR LOSS ARISING FROM THE ABOVE STATED EVENT.

Signed..... At Date.....

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY.