

## 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                                |                        |                         |                                 |     |    |
|   |                        | C account number        |                                 |     |    |
|   |                        | Alte                    | ernative contact number         |     |    |
| Email address                                   |                        |                         |                                 |     |    |
| Physical address                                |                        |                         |                                 |     |    |
| Claim number (if you've alread)                 | y received a claim nu  | mber)                   |                                 |     |    |
| DETAILS OF THE DEVICE                           |                        |                         |                                 |     |    |
| Make  | Model                  |                         | IMEI/Serial number*             |     |    |
| *The 15-digit number on the ba                  | ack of the device whi  | ich is visible v        | when the battery is removed.    |     |    |
| IF YOUR DEVICE WAS LOST OR                      | STOLEN, PLEASE CO      | MPLETE THIS             | SECTION                         |     |    |
| Date of incident                                |                        | Date reported to police | Date reported to police         |     |    |
| Police station                                  |                        |                         | Police case number              |     |    |
| Date reported to Cell C for black               | klisting               |                         | Blacklisting reference number   |     |    |
| Was the device stolen from a ve                 | ehicle? Yes            | No                      | If Yes: Was the vehicle locked? | Yes | No |
| Was anyone inside the vehicle a                 | at the time? Yes       | No                      |                                 |     |    |
| Detailed description of the incid               | dent                   |                         |                                 |     |    |
|   |                        |                         |                                 |     |    |
|   |                        |                         |                                 |     |    |
|   |                        |                         |                                 |     |    |
|   |                        |                         |                                 |     |    |
| IF YOUR DEVICE WAS ACCIDEN                      | TALLY DAMAGED, PL      | EASE COMPL              | LETE THIS SECTION               |     |    |
| Date of incident                                |                        |                         |                                 |     |    |
| Detailed description of the incid               | dent                   |                         |                                 |     |    |
|   |                        |                         |                                 |     |    |
|   |                        |                         |                                 |     |    |
|   |                        |                         |                                 |     |    |
| Detailed description of the dam                 | nage                   |                         |                                 |     |    |
|   |                        |                         |                                 |     |    |
|   |                        |                         |                                 |     |    |
|   |                        |                         |                                 |     |    |
| Name of Cell C store where dev                  | ice was delivered _    |                         |                                 |     |    |
| (if you've already taken your de                | vice to a Cell C store | )                       |                                 |     |    |



## **DECLARATION BY POLICYHOLDER**

- 1. I confirm that all the information provided in this claim form is true and correct.
- 2. I understand that any incorrect information may lead to my claim being rejected or my policy being cancelled.
- 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. If my device was damaged beyond economic repair, then I understand that the device will belong to Hollard and will no longer be 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:
    - 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:
    - the value of my insured device as at the date of the loss; and
    - the maximum insured value shown in my policy schedule.

| Name 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.
- If your damaged device is declared beyond economical repair, the excess for theft and loss will apply.
- All excess amounts are inclusive of VAT. Your applicable excess is shown in the table on the following page.



| All Risks and Accidental Damage cover options |                                       |                                |  |  |
|---|---------------------------------------|--------------------------------|--|--|
| Original device value                         | Basic excess for theft or loss claims | Basic excess for damage claims |  |  |
| Up to R1 000                                  | R250                                  | R150                           |  |  |
| R1 001 to R2 500                              | R250                                  | R150                           |  |  |
| R2 501 to R5 000                              | 10% of original device value          | R200                           |  |  |
| R5 001 to R7 500                              | 10% of original device value          | R300                           |  |  |
| R7 501 to R9 000                              | 15% of original device value          | R500                           |  |  |
| R9 001 to R12 000                             | 15% of original device value          | R650                           |  |  |
| R12 001 to R15 000                            | 20% of original device value          | R750                           |  |  |
| R15 001 to R20 000                            | 20% of original device value          | R1 250                         |  |  |
| R20 001 to R25 000                            | 20% of original device value          | R1 750                         |  |  |
| R25 001 to R30 000                            | 20% of original device value          | R2 250                         |  |  |
| R30 001 to R35 000                            | 20% of original device value          | R2 750                         |  |  |
| R35 001 to R42 500                            | 25% of original device value          | R3 500                         |  |  |
| R42 501 to R50 000                            | 25% of original device value          | R4 500                         |  |  |
| R50 001 to R60 000                            | 30% of original device value          | R6 000                         |  |  |

| Accidental Loss & Theft cover option |                                       |  |  |  |
|--------------------------------------|---------------------------------------|--|--|--|
| Original device value                | Basic excess for theft or loss claims |  |  |  |
| R1 001 to R2 500                     | R250                                  |  |  |  |
| R2 501 to R7 500                     | 10% of original device value          |  |  |  |
| R7 501 to R12 000                    | 15% of original device value          |  |  |  |
| R12 001 to R35 000                   | 20% of original device value          |  |  |  |
| R35 001 to R50 000                   | 25% of original device value          |  |  |  |
| R 50 0001 to R 60 000                | 30% of original device value          |  |  |  |

## **CLAIMS PROCESS**

Complete this claim form within 30 days of the date of the insured event, and email it to <a href="mailto:claims@deviceinsurance.co.za">claims@deviceinsurance.co.za</a> or call the administrator, Worldwide Advisory Services, 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 and the SIM card on the Cell C network, as well as Conduct a SIM Swap with Cell C. The lost or stolen device and SIM Card 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.