24 HOUR MOBILITY CLAIM FORM

MOBILITY 24HR | GET PROTECTED, STAY CONNECTED

NOTE: The claims process starts with FULL COMPLETION of this form, all fields are MANDATORY and the claim will be delayed if not completed accurately.
All lost/Stolen phones MUST be blacklisted prior to the claim being attended to and within 48 hours from date of loss.
Please contact your Service Provider who will assist you with blacklisting your phone.
This form and all supporting documents required MUST be submitted within 30 days from date of loss. Please include a copy of your ID document.

CLAIMS DECLARATION - COMPLETE AND RETURN TO PINNACLE MARKETING (PTY) LTD

CUSTOMER INFORMATION

Cellphone Number	0 ___ ___ ___ - ___ ___ ___ ___
Name of User	
ID Number	
Contact Person	
Contact No	0 ___ ___ ___ - ___ ___ ___ ___
Secondary Contact No	0 ___ ___ ___ - ___ ___ ___ ___
Email for correspondence	
Preferred communication	☐ Call ☐ SMS ☐ Email
NB: Delivery address for courier of new replacement device	

PLEASE ENSURE THAT ALL BELOW FIELDS ARE COMPLETED IN FULL IN RELATION TO THE TYPE OF CLAIM.
PLEASE BE ADVISED THAT ANY MISSING INFORMATION OR LACK OF SUPPORTING DOCUMENTATION WILL LEAD TO A DELAY IN THE PROCESSING OF THE CLAIM.

THEFT AND LOSS

☐ THEFT ☐ LOSS

Device Details:	Device Make & Model:
Place of Loss:	Date & Time of Loss:
IMEI Number:	

DETAILED description of events leading to claim: Please ensure that full details are provided to avoid claim delay:

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BLACKLISTING AND POLICE INFORMATION

S.A. Police Station Name:	
S.A.P Case No:	Date Reported:
ITC REFERENCE: (Blacklisting ref)	Date of Blacklisting:

THEFT FROM A VEHICLE: A copy of the invoice for repairs to your vehicle must accompany this claim form

How was entry gained?	Were all doors locked?
Where in the vehicle was the cellphone at the time of theft?	
Who repaired the damage to the vehicle?	

DAMAGE

☐ ACCIDENTAL ☐ LIQUID

Device Make & Model:	
Place of Damage:	Date & Time of Damage:
IMEI Number:	

DETAILED description of events leading to claim: Please ensure that full details are provided to avoid claim delay:

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Describe the problems occurring with the device since the damage occurred:

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What is the collection address of the damaged handset?

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Please supply a copy of your ID document and if a theft occurred from a vehicle, home or office proof of forcible and violent entry must be provided.

- Please ensure that only the battery and back cover are submitted with the handset and that the SIM card and any MEMORY card is removed from the device. Please note that the device may be wiped for testing, quality control and security purposes so please backup all data prior to collection.
- Excess: Excesses differ depending on the insurance product. The claims department will advise you on the excess payable or revert to the policy schedule.
- Should the replacement/ repaired phone not be collected or the excess paid within 90 days from the 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 are of the discretion in the conduct thereof.

INSURED SIGNATURE : .....

NAME: (Block Letters) ..... DATE: .....

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PINNACLE MARKETING