

## 24 HOUR MOBILITY CHANGE OF WEARABLES DETAILS FORM

### POLICY HOLDER EXISTING DETAILS:

|   |  |
|---|--|
| POLICY HOLDER NAME  |  |
| POLICY NO   |  |
| IDENTITY NO   |  |
| POLICY HOLDER CONTACT NO                                    |  |
| POLICY HOLDER E-MAIL ADDRESS                                |  |
| USER EMAIL ADDRESS  |  |
| CURRENT IMEI NUMBER <small>(if devices takes a SIM)</small> |  |
| CURRENT SERIAL NUMBER                                       |  |
| CURRENT USER NAME & SURNAME                                 |  |
| CURRENT USER ID NUMBER                                      |  |

|                                |  |
|--------------------------------|--|
| CHANGE OF USER: NAME & SURNAME |  |
| CHANGE OF USER ID NUMBER       |  |
| CHANGE OF POSTAL ADDRESS       |  |
|                                | POSTAL CODE  |
| CHANGE OF IMEI NUMBER          |  |
| MAKE AND MODEL                 |  |
| HAS YOUR DEVICE BEEN           | <input type="checkbox"/> DAMAGED <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> NONE               |
| REASON FOR CHANGE OF DEVICE    | <input type="checkbox"/> UPGRADE <input type="checkbox"/> OBF <input type="checkbox"/> WARRANTY <input type="checkbox"/> CLAIM REPLACEMENT |

If a change of device (serial number) either a proof of purchase or proof of upgrade form must be submitted with this change of details form

### CHANGE OF WEARABLES INDEMNITY LIMIT:

OUR CONTACT CENTRE WILL CALL YOU TO VERIFY THE NEW PREMIUM

| MAKE | Limit of Indemnity | Optional SIM Cover | Total value of device |
|------|--------------------|--------------------|-----------------------|
|      | R0 to R1000        | R3.03              |                       |
|      | R1001-R2000        | R3.03              |                       |
|      | R2001-R3000        | R3.03              |                       |
|      | R3001-R4000        | R3.03              |                       |
|      | R4001-R5000        | R3.03              |                       |
|      | R5001-R6000        | R3.03              |                       |
|      | R6001+Additional   |                    |                       |

### CHANGE OF BANKING DETAILS

|   |         |                     |
|---|---------|---------------------|
| BANK  |         |                     |
| BRANCH  |         |                     |
| BRANCH CODE   |         |                     |
| ACCOUNT NO  |         |                     |
| ACCOUNT HOLDER  |         |                     |
| TYPE OF ACCOUNT   |         |                     |
| CURRENT   | SAVINGS | WHAT IS MY PAY DATE |
| PLEASE DEBIT MY ACCOUNT ON THE FOLLOWING DATE EVERY MONTH |         |                     |

### Debit Date Options: Any debit date can be selected

I hereby authorise Guardrisk Insurance Company Ltd or their appointed nominee to make the above changes and to debit my bank account with the monthly premium on the above working day of each month.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Once the details have been amended, an updated policy schedule and copy of your policy wording will be emailed as confirmation