



## Insurance Claim – Consumer

***This Insurance Claim Form contains statements which are acknowledgments of fact by you. You must read the above statements carefully and ensure that all the statements are true and correct as this will limit your rights to claim if any statement is not true and correct. MTN Service Provider (Pty) Limited may also have claims and other rights against you personally if any of the statements is not true and correct.***

	ACCOUNT NO: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
<input type="checkbox"/> Theft	<input type="checkbox"/> Lost	<input type="checkbox"/> Damage	<input type="checkbox"/> Mechanical Breakdown	<input type="checkbox"/> Lost Card Cover							
Claim No: _____		Date Notified: _____									
<b>Cellular Number:</b>	0	3	-								
<b>Contact Number:</b>			<b>Fax Number:</b>								
<b>User Name:</b>			<b>User ID Number:</b>								
<b>E-mail Address:</b>											
<b>Account Name:</b>											
<b>Cellular Phone:</b>	<b>Make:</b>			<b>Model:</b>							
<b>Phone Serial No:*</b>											

(\*15 digit number on the back of the cellular phone visible when battery is removed or on packaging of handset.)

Full Description of Incident	Date of Incident
EXCESS: Lost or stolen Mobile Device	
I agree to pay the applicable excess of: 1 <sup>st</sup> Claim R350.00: 2 <sup>nd</sup> Claim within a 12 month period R750.00: 3 <sup>rd</sup> Claim within a 12 month period R1000.00: An additional excess of R300.00 will be payable within 60 days of the policy inception date.	
EXCESS: Repaired Mobile Device	
I agree to pay the applicable excess of: 1 <sup>st</sup> Claim R150.00: 2 <sup>nd</sup> Claim within a 12 month period R300.00: 3 <sup>rd</sup> Claim within a 12 month period R350.00: An additional excess of R300.00 will be payable within 60 days of the policy inception date: An additional excess of R300.00 will be payable within 60 days of the policy inception date.	
Description of Fault or Failure (for Damage / Mechanical Breakdown)	
FOR REPAIRS TO BE AFFECTED, THE PHONE MUST BE HANDED IN TO MTN SERVICE PROVIDER INSURANCE ADMINISTRATORS OR AN MTN SERVICE PROVIDER HIGH VOLUME REPAIR CENTRE FOR CLAIMS AUTHORISATION	
<b>For Theft / Loss:</b> Police Station name: _____  <b>Tel No:</b> _____ Case No: _____ Date Reported: _____	<b>Date Reported to MTN SERVICE PROVIDER</b> ___/___/___  <b>Note:</b> No claim for theft from a vehicle / premises will be accepted without evidence of forcible entry in the form of an approved repair invoice to be submitted with this claim form.

**DECLARATION**

**MTN Service Provider (Pty) Ltd ("MTN SP")**  
**Reg Number 1993/002648/07**  
Innovation Centre 216 – 14<sup>th</sup> Avenue Fairland Roodepoort 2195  
Private Bag 9955 Cresta 2118  
South Africa  
Tel: +27 083-1-808 Fax: +27 83 705 7171 or (011) 912 5021 <http://www.mtnsp.co.za>  
**VAT No.: 4130141247**



I / We declare to the best of my / our knowledge and belief that the above particulars are true and correct, and I / we undertake to render MTN Service Provider (Pty) Ltd ("MTN SP") every assistance reasonably requested in my / our power in dealing with the matter. I / We hereby agree that MTN SP 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. Should any equipment be recovered after a claim has been submitted, this equipment becomes the property of MTN Service Provider (Pty) Ltd Insurance Department. If the phone is deemed to be beyond economical repair by an approved Repair Centre, all components which may have been removed prior to submission for evaluation, such as the aerial, battery and charger must then be submitted by the claimant before the claim will be honoured.

Subscriber Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE: It will take up to 24 hours for MTN Service Provider (Pty) Limited to process your Insurance Claim. MTN Service Provider (Pty) Limited reserves the right to request further information from you relevant to the claim. Service Provider (Pty) Limited might not process this Insurance Claim Form if it has not received all the information requested or if this Insurance Claim Form is not completed in full, or is not signed, or if the information provided by you is false, incomplete or incorrect. .**