



DATA MODEM INSURANCE CLAIM FORM

Theft

Lost

Damage

| | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|--------|--|--|--|--|--|--|--|--|--|-----------------|---------|--|--|--|--|--|--|--|--|--|--|
| Cellular Number: | 0 | | | | | | | | | | | | | | | | | | | | | |
| Account Number: | | | | | | | | | | | | | | | | | | | | | | |
| Contact Number: | | | | | | | | | | | Fax Number: | | | | | | | | | | | |
| User Name: | | | | | | | | | | | User ID Number: | | | | | | | | | | | |
| E-mail Address: | | | | | | | | | | | | | | | | | | | | | | |
| Account Holder: | | | | | | | | | | | | | | | | | | | | | | |
| Data Modem: | Make : | | | | | | | | | | | Model : | | | | | | | | | | |
| Data Modem Serial No:* | | | | | | | | | | | | | | | | | | | | | | |

*15 digit number on the back of the data modem or on packaging of the data modem

| | |
|---|-------------------------------|
| Date of Incident ____/____/____ | Date last used ____/____/____ |
| <u>Full Description of Incident</u> | |
| | |
| <p>EXCESS: Lost or stolen or Un-repairable handset. I agree to pay the applicable excess of: a) Any subsequent claim shall carry an excess of R300.00</p> | |

FOR REPAIRS TO BE AFFECTED, THE DATA MODEM MUST BE HANDED INTO A MTN SERVICE PROVIDER SERVICE CENTRE

For Theft / Loss:

| |
|--------------------------------------|
| Police Station: _____ |
| Tel No: _____ |
| Case No: _____ |
| Date Reported: _____ / _____ / _____ |

| |
|--|
| Date Reported to MTN SERVICE PROVIDER ____/____/____ |
| <u>Note:</u> 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

I / We declare to the best of my / our knowledge and belief the above particulars are true and correct, and I / we undertake to render MTN SERVICE PROVIDER every assistance in my / our power in dealing with the matter. I / We hereby agree that MTN SERVICE PROVIDER 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. I the undersigned hereby waive any rights of recourse that I may have against MTN SERVICE PROVIDER relating to the disclosure of the above-mentioned information. 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 data modem is deemed to be beyond economical repair by an approved Repairer, all components such as the data modem cable must be submitted by the claimant.

Claimant Signature: _____

Date: _____

PLEASE NOTE: This claim will take approximately 24 hours when this application is 100% complete, with all information verified.

MTN Service Provider is an Authorised Financial Service Provider