

## Cell Phone Claim form

### Policyholder Details

|           |                                       |  |               |  |      |
|-----------|---------------------------------------|--|---------------|--|------|
| Insurer   | Mutual and Federal Risk Financing Ltd |  |               |  |      |
| Insured   |                                       |  | Policy Number |  |      |
| Telephone | Home                                  |  | Work          |  | Cell |

### Broker Details

|             |        |  |     |  |        |
|-------------|--------|--|-----|--|--------|
| Broker Name |        |  |     |  |        |
| Contact     | Tel no |  | Fax |  | E-mail |

### Details of Loss /Damage

|                     |  |                                       |  |
|---------------------|--|---------------------------------------|--|
| Date of Loss        |  | Time of Loss: Please indicate am / pm |  |
| Description of Loss |  |                                       |  |
|                     |  |                                       |  |
|                     |  |                                       |  |
|                     |  |                                       |  |
|                     |  |                                       |  |
|                     |  |                                       |  |
|                     |  |                                       |  |
|                     |  |                                       |  |
|                     |  |                                       |  |

### Cell Phone Details

|  |  |                          |  |    |  |
|--|--|--------------------------|--|----|--|
| Make                                       |  | Serial / EMI No          |  |    |  |
| Model                                      |  | Service provider         |  |    |  |
| Date of purchase                           |  | Estimated amount of loss |  |    |  |
| Is there a purchase agreement on the phone |  | Yes                      |  | No |  |
| Are you the sole owner of the phone        |  | Yes                      |  | No |  |
| Has the phone been blacklisted             |  | Yes                      |  | No |  |
| Have you already replaced the phone        |  | Yes                      |  | No |  |
| If reported to police, state which station |  |                          |  |    |  |
| Date reported                              |  | Ref n                    |  |    |  |



## Your Responsibility

### All Risks - Cell Phone

1. Property loss claim form.
2. Black / Grey listing from Service Provider.
3. Quotation for replacement.

### Disclaimer

You are responsible for giving us true and complete information relevant to this claim. You hereby confirm that your loss or damage occurred during the period of insurance.

Signed at: \_\_\_\_\_ Signature: \_\_\_\_\_

Name and surname of signatory: \_\_\_\_\_

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

### Ibiliti Underwriting Managers

Tel: 010 590 5511

E-mail: [claims@ibiliti.co.za](mailto:claims@ibiliti.co.za)

[www.ibiliti.co.za](http://www.ibiliti.co.za)

### Physical address:

The Pivot, Block D, 2nd Floor, Montecasino Boulevard, Fourways, 2191

### Postal address:

Postnet Suite 984 Private Bag X153, Bryanston, 2021