



MTN SIM Insurance Claim Form

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. 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.

Store Information		
Store:	Group Name:	Store Name:
Tel:	Additional Tel No:	Email:
Consultant Name & Surname:		

- Customer to purchase SIM in store
- Form to be complete and submitted with the relevant documentation and banking details/including confirmation of bank account (FICA)
- Refund will be processed within 7 days from submission of all required documentation.

Claims Declaration - Complete and Return to Pinnacle Marketing (Pty) Ltd Customer Information

Cellphone Number	0			-				-					
Name of Policy Holder													
ID Number													
Contact Person													
Contact No	0			-				-					
Secondary Contact No	0			-				-					
Email for correspondence													
Preferred communication	<input type="checkbox"/> Call			<input type="checkbox"/> SMS			<input type="checkbox"/> Email						

Theft and Loss	Damage		
<input type="checkbox"/> Theft	<input type="checkbox"/> Loss	<input type="checkbox"/> Accidental	<input type="checkbox"/> Liquid
MSISDN			
Place of Loss/Damage:		Date of Loss/Damage:	
Detailed description of events leading to claim Please ensure that full details are provided to avoid claim delay:			
.....			
.....			
.....			
.....			
.....			

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			

Please provide the following documentation, in order for a refund to be processed.

- Proof of bank account ownership
- Attach proof of SIM purchase
- Copy of ID

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 to determine the above

Insured Signature:

Name: (Block Letters) Date: