



CLAIM FORM

Personal Details: Policy Holder

Name: _____ Surname: _____
Identity Number: _____ Policy Number: _____
Cellular Number: _____ Contact Number: _____
Email: _____

Gadget Details:

Make: _____ Model: _____
Serial / IMEI Number: _____
Date & Time of Incident: : _____ Place of Incident: _____

Please indicate if your gadget has been: (tick appropriate box)

Lost Stolen Damaged

In order to ensure efficient processing of your claim please ensure the following documents are submitted: (indicate with tick if included)

Identity Document Claims Affidavit Blacklist Form

In the event of Theft or Loss only of your Gadget, please advise of the following reported details:

Note: Theft from motor vehicle / premises will not be accepted without evidence of forcible entry.

Police Station: _____ Contact Number: _____
Case Number: _____ Date Reported: _____
Brief description of incident: _____

In the event of Theft/ Loss from motor vehicle / premises: (Please complete all questions below)

How was entry gained to the vehicle/ premises? _____
Where in the vehicle or premises was device at the time of loss? _____
Were all the doors locked? YES NO Is the device covered by any other policy / guarantee? YES NO
If yes, please provide details of additional cover ? _____

In the event of Damage to your Gadget:

Description of fault or failure (for damage / mechanical breakdown): ? _____

In the event of Death, Retrenchment & Disability cover please provide the following documentation

1. **Death** – Death Certificate
2. **Disability** – Report from medical practitioner confirming permanent disability
3. **Retrenchment** – Retrenchment Letter from Human Resources



Excesses

Please note that in the event that your claim is approved, you will be subject to the following excess:

- For your first claim you will pay 10% of the replacement or repair value of the Gadget or R300 for each and every loss resulting in replacement or repair of the Gadget, whichever is higher.
- In the event of a further loss within 12 months of a previous claim also necessitating replacement or repair of the Gadget, you will pay 10% of the replacement value or R750, whichever is higher.
- In the event of three or more losses within 12 months of previous claims, necessitating replacement or repair of the Gadget, you will pay 10% of the replacement value or R1000, whichever is higher.
- In addition to the aforementioned amounts, you shall be liable for additional excess payments should the loss occur:
 - within 30 days of inception of this Insurance- 50% of the replacement or repair value of the Gadget.
 - after 30 days but within 60 days of inception of this Insurance- 30% of the cost of any replacement or repair value of the Gadget.
 - Liquid Damage-R500.

Declaration

I/ We _____ hereby declare that it is to the best of my/our knowledge that the above particulars are true and correct. I / we undertake to render every assistance in my / our power to the You Covered Gadget Claims Department in dealing with the matter. I / we hereby waive any rights of recourse that I / we may have against You Covered Gadget relating to the disclosure of the above-mentioned information.

Should any gadget be recovered after a claim for loss / theft has been submitted, this gadget shall become the property of the Insurer.

If the gadget is deemed to be beyond economical repair by an authorised repairer, all components such as the aerial, battery and charger must be submitted by the claimant.

I / we hereby agree that You Covered Gadget may debit my account for any premiums due.

Signed: _____ Date: _____