Vodacom Insurance Claim

Tel: (011) 844-2800 / 0821952
Email: Info@cellsure.co.za
Fax: (011) 844-2913 / 844-2917

NOTE: A Claim cannot start to be entertained until all the details are completed. All lost/stolen phones/ portable device and 3G cards must be blacklisted / grey listed before your claim can be attended to. All Apple devices must be removed from ICloud before claims can be processed.

EXCESS WILL BE PAYABLE AS PER POLICY WORDING

Cellphone Number: 0 8 2 8 2 6 0 1 7 2

Name of Contract Holder: Virginia Sabatshwane Lebatlang

ID Number/Co. Reg No: 6 7 1 0 1 1 0 7 5 1 0 8 6

Name of user (if different):

Address: 134 6th Street, Linden 2195

Contact Person: Virginia

Contact Tel: 0789172329

Date of Loss: Time: Place of Loss:

Make of phone: Samsung Model: A5 Where Purchased:

Serial No. of Laptop (if applicable):

Portable Device IMEI Number: 3 5 7 7 6 5 0 7 8 3 9 5 3 9 6

Which area would you prefer to collect from?

LOST/STOLEN DAMAGED X

How did loss / damage occur? Device was accidentally dropped

Theft from a vehicle claim: Please complete fully. **A copy of the Invoice for repairs to your vehicle must accompany this claim form.**

1. How was entry gained to vehicle?
2. Were all the doors locked? Y N
3. Where in the vehicle was Phone/3G card/ Laptop/Portable Device kept at time of loss?
4. Who repaired the damage to the vehicle?
5. Where were you at the time of loss?

Theft claim: The following details **must** be supplied for all claims involving theft or loss of any kind. **NO DETAILS NO CLAIM**

S.A.Police Station Name: S.A.P Case No.: Date Reported:

ITC Reference No:

The damaged phone/laptop/portable device & parts must be returned to us.
Should the stolen or lost phone/laptop/portable device be recovered it becomes the property of the Insurer.
This form must be submitted to Cellsure (Pty) Ltd within 30 days from date of loss.
Should the replacement phone not be collected within 60 days from date of loss all benefits in terms of this claim will be forfeited.

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 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.

SIGNED NAME Virginia DATE 9/03/2017

vodacom

VODACOM ALISOM REPAIRS

ALISOM COMMUNICATIONS (PTY) LTD
VODACOM ALISOM REPAIRS
PRETORIA
REG NO: 2006/024822/0
VAT NO: 4430251944
17 IMPALA AVENUE
0157 HIGHVIEW BUILDING FLOOR 1
DORINGKLOOF
CENTURION
TEL: 0129419335
FAX: (012) 348 8199
EMAIL: vodacomrepairs.menlynadmin@vodadealers.co.za

ESTIMATE

JOB DETAILS

Job No: **12087269-22392757**
Estimate Date: **10/03/2017**

INVOICE ADDRESS

MRS G V LEBATLANG
CRESTA
CRESTA
CRESTA
CRESTA
Tel: 0769172329 Fax:

DELIVERY ADDRESS

MRS G V LEBATLANG
CRESTA
CRESTA
CRESTA
CRESTA
Tel: 0769172329

GENERAL DETAILS

Account Number	Order Number	Authority Number	Chargeable Type	Chargeable Repair Type
FA51-CASH			NON-WARRANTY	LEVEL 2.2

REPAIR DETAILS

Model	Make	Unit Type	I.M.E.I. Number	M.S.N.
SM-A510FZKAXFV	SAMSUNG	HANDSET	357765078395396	00000000000

Reported Fault: PHYSICAL DAMAGE/ SCREEN AND BACK COVER DAMAGE, CELL SURE

Engineers Report: A02 MECHANICAL PARTS REPLACEMENT

PARTS REQUIRED

Qty	Part Number	Description
1	GH82-11452B	A/S ASSY WINDOW BACKGLASS
1	GH96-09826B	ASSY METAL REAR UNIT SEVT
1	GH96-09837A	ASSY SUB PBA RFPCB - A510
1	GH97-18250B	SVC LCD ASSY OCTA BLK - A

AUTHORISATION DETAILS

Estimate Accepted ☐
Estimate Refused ☐
Name (Capitals) _____
Signature _____

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Job No: 12087269

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I.M.E.I.: 35776507839539

CHARGE DETAILS

Labour:	600.00
Parts:	3,804.83
Carriage:	
Sub Total:	4,404.83
V.A.T.	616.68
Total:	**5,021.51**

GEREGISTREERDE W[illegible] ADRES

1. Bewaar die bewys v[illegible] WOON- EN POSADRES in hierdie sakkie

2. Indien u van adres ver[illegible] huidige adres, bv. stra[illegible] moet die vorm KENNIS[illegible] in die sakkie agter in die [illegible] verandering aan te [illegible] aan die naaste streek[illegible] BINNELANDSE SAKE

REGISTERED R[illegible] ADDRESS

1. Keep the proof of yo[illegible] SIDENTIAL AND POSTAL ADDRESS in this pocket

2. If you have change[illegible] particulars of your present address, e.g. nam[illegible] been changed, the NOTIC[illegible] pocket at the back of the [illegible] the change and it must [illegible] regional/district office [illegible]

I.D.No. 671011 0751 08 6

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

LEBATLANG

VOORNAME/FORENAMES

GABATSHWANE VIRGINIA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1967-10-11

DATUM UITGEREIK
DATE ISSUED

1996-10-22

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS