

Supplementary Claim Form - Mobile Phones

Customer Name: _____

Claim Number: _____

Phone Details:

Mobile Number: _____

Model Number: _____

Make: _____

Vodafone IMEI Number: _____

(International Mobile Equipment Identification)

Telecom ESN: _____

(Equipment Serial Number)

Network Account Type:

Pre-paid Yes/No

Monthly account Yes/No

Fixed term contract Term: _____

Mobile phone Insurance Policy: Yes/No

Purchase Details:

Purchased from: _____

Date purchased: _____

Purchased by: _____

Price paid: _____

Documentation Supplied:

Pre-Paid:

Purchase receipt Yes/No

Or Sale agreement Yes/No

Monthly Account/Contract:

Contract: Yes/No

Or Last Monthly Invoice Yes/No

Police Acknowledgement Form Yes/No

Phone Type:

Warranty Card Yes/No

User manual Yes/No

Battery Charger Yes/No