



TC MOBILE DEVICE PROTECTION INCIDENT FORM

NOTE: The incident process starts with the completion of this form, all fields are mandatory, and your benefit will be delayed if the form is not completed accurately.

This form and all supporting documents required must be submitted to Worldwide Advisory Services on tcd@wwas.co.za or contact (+27)11 591 0887 within 30 days from the incident date.

TC Mobile cares about your privacy. In order to provide you with this benefit, TC Mobile, and its service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect same.

BENEFIT HOLDER DETAILS

Name and surname: _____

Identity number: _____

Cellphone number: _____

Alternative contact number: _____

E-mail address: _____

Physical address: _____

DEVICE DETAILS

Make: _____

Model: _____

IMEI/Serial number(s)*: _____

*Dial *#06# to see your IMEI/Serial number(s).

COMPLETE THE BELOW SECTION IF YOUR DEVICE WAS LOST OR STOLEN

Date of incident: _____

Date reported to police: _____

Police station: _____

Police case number: _____

Date reported for blacklisting: _____

Blacklisting reference number: _____

Detailed description of the incident: _____

COMPLETE THE BELOW SECTION IF YOUR DEVICE WAS DAMAGED

Date of incident: _____

Detailed description of the incident: _____

DECLARATION BY BENEFIT HOLDER

I confirm that all the information provided in this incident form is true and correct.

Name of Benefit Holder

Signature of Benefit Holder

Date