

Claim Declaration Form

INSURANCE CERTIFICATE

Certificate/Policy Number:

INSURED DEVICE DATA

Appliance Type:

Serial / IMEI Number:

INSURED PERSON DATA

Name:

CPR / Passport Number:

Mobile Number:

Email:

REQUIRMENTS

Copy of Insurance Certificate (if Available)

Insured Person ID (CPR or Passport)

The present Claim Form filled and signed

Damaged Insured Device

ADDITIONAL DOCUMENTS FOR ROBBERY CASES

The Original Police report, which encompasses the full details of the case

Payment Receipt from the SIM provider for the replacement SIM

ACCIDENT DATA

Date: ____ / ____ / ____

Hour:

Country:

Place:

Customer Declaration:

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes there in, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am / We aware that I/We may be held liable for it.

Customer signature:

Date: