

Claim Facilitation Form

ALL FIELDS ARE REQUIRED AND MUST BE FILLED IN. PLEASE TYPE or PRINT USING BLUE OR BLACK INK.

<p>Upload your Documents to: https://hub.asurion.com/hub/generic/en-us/docupload</p>	<p>OR</p>	<p>Fax Documents to: ASURION Attention: Claims Review Team 866-454-6466 Note: Uploading documents is always the preferred method of transmission. Faxes may take additional time to locate and review.</p>
---	------------------	--

IMPORTANT LEGAL NOTICE: A person who knowingly presents a false or fraudulent service contract claims with the intent to injure, defraud, or deceive any insurer is guilty of a crime and may be subject to fines and confinement in prison. When fraud is discovered, ASURION takes appropriate steps to stop such fraud and explores all of its available legal remedies.

Personal Information of Service Contract Purchaser:

Service Request #: _____

First Name: _____ Last Name: _____

Daytime Phone: () _____ Evening Phone: () _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Equipment Details:

Product Description: _____

Manufacturer: _____

Model Number: _____

Serial or IMEI Number: _____

Mobile Device Number: _____

Date of Purchase: ____/____/____

Name of Store Where Unit was Purchased: _____

***Please be sure to include a copy of your receipt with your claim affidavit when you fax your paperwork in.**

Claim Details: (Circle one) My Device is: Damaged Malfunctioning

Describe What Happened: _____

Date Issue was Reported: ____/____/____

Claim Agreement:

I hereby initiate a claim against the service contract company as shown on this claim validation form. I swear/affirm the product I am filing a claim for is owned by me, and that the information provided is true and accurate. I understand that any false or misleading statements made herein are fraud and I may be found guilty of a crime. ASURION has, and will take all legal action possible in the event of a fraudulent claim.

Signature: _____ Date: ____/____/____

How to Submit Required Documentation

1. Fill out the Claim Facilitation Form completely. Please be sure to sign the document prior to submitting.
2. Attach a copy of your receipt
3. Upload completed documents to <https://hub.asurion.com/hub/generic/en-us/docupload>

Frequently Asked Questions:

Q. What do I do if I can't find a copy of my receipt?

A. Generally, the store where you bought your product should be able to supply you with a copy of your original receipt.

Q. Where do I find my model number and serial number?

A. Model , serial, and IMEI numbers are generally located on the back of the unit.

Q. How long will it take for my claim to be reviewed once I send in my claim form?

A. You should receive a call from a Claim Review Team Examiner within 3 business days of ASURION receiving your claim form. The examiner will advise you of the next steps in the claim process when they contact you.

REMINDERS:

- PLEASE BE SURE TO FILL OUT ALL FIELDS, SIGN, AND DATE THE CLAIM FORM PRIOR TO SENDING IT BACK TO US. WE WILL BE UNABLE COMPLETE THE REVIEW OF YOUR CLAIM UNTIL WE RECEIVE A COMPLETED FORM.
- PLEASE INSURE THAT ALL DOCUMENTS ARE EMAILED TOGETHER AND THE INFORMATION IS LEGIBLE. ILLEGIBLE CLAIM AFFIDAVITS COULD RESULT IN A DELAY IN PROCESSING YOUR CLAIM.
- YOU CAN CONTACT ASURION CUSTOMER SERVICE IF YOU HAVE QUESTIONS REGARDING THESE INSTRUCTIONS OF THE AFFIDAVIT FORM