

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://protection.asurion.com/protection-plan/en-us/doc-upload</p>	<p>OR</p>	<p>Email Documents to: ASURION Attention: Claims Review Team myclaimstatus@asurion.com Note: Uploading documents is always the preferred method of transmission. Emails may take additional time to locate and review.</p>
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IMPORTANT LEGAL NOTICE: A person who knowingly presents a false or fraudulent service contract claim with the intent to injure, defraud, or deceive any service contract company or 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 # / Account Number : _____

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 showing the plan and device purchased with your claim form when you submit your paperwork.**

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

Describe What Happened:

Date of Failure: ____/____/____

Claim Agreement:

I hereby initiate a claim with the service contract company as shown on this claim validation form. I swear/affirm the product for which I am filing a claim is owned by me, and that the information provided is true and accurate. I understand that any false or misleading statements made herein may constitute fraud and I may be found guilty of a crime. ASURION 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. Upload completed documents to <https://protection.asurion.com/protection-plan/en-us/doc-upload>

Or email myclaimstatus@asurion.com

Frequently Asked Questions:

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 response from our Claim Review Team within 3 business days of ASURION receiving your Claim Facilitation 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 UPLOADED OR EMAILED TOGETHER, AND THE INFORMATION IS LEGIBLE. ILLEGIBLE CLAIM FORMS COULD RESULT IN A DELAY IN PROCESSING YOUR CLAIM.
- YOU CAN CONTACT ASURION CUSTOMER SERVICE IF YOU HAVE QUESTIONS REGARDING THESE INSTRUCTIONS FOR THE CLAIM FORM.