

Claim Facilitation Form ALL FIELDS MUST BE COMPLETED. PLEASE USE FILL & SIGN TO COMPLETE ELECTRONICALLY OR PRINT TO COMPLETE FORM MANUALLY USING BLUE OR BLACK INK.

Upload your Documents to: https://protection.asurion.com/protection-plan/en-us/doc-uploads	OR	Email Documents to: Attn: ASURION Claim Review Team MyClaimStatus@asurion.com Note: Uploading documents is always the preferred method of transmission. Emails may take additional time to locate and review.
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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 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 Protection Plan Owner:

SERVICE REQUEST #: _____

OWNER FIRST NAME: _____ OWNER LAST NAME: _____

REGISTERED PHONE: _____ CONTACT PHONE: _____

REGISTERED EMAIL ADDRESS: _____

SERVICE ADDRESS: _____

CITY: _____ STATE/ PROVINCE: _____ POSTAL CODE: _____

Product Details:

PRODUCT DESCRIPTION: _____

MANUFACTURER: _____

MODEL NUMBER: _____

SERIAL OR IMEI NUMBER: _____

IS THE PRODUCT A MOBILE PHONE? YES NO MOBILE DEVICE NUMBER (if applicable): _____

DATE OF PURCHASE: _____

NAME OF STORE WHERE PRODUCT WAS PURCHASED: _____

*Please be sure to include a copy of your receipt showing the plan and product purchased with your claim form when you submit your paperwork.

Check this box if you sent a copy of your receipts for this plan and product during a previous claim. Please note you may be required to resend if we are unable to locate your documents. Your claim cannot proceed until Asurion receives and reviews all requested documentation.

Claim Details:

MY PRODUCT IS EXPERIENCING A: DROP, SPILL, OR CRACK SCREEN MALFUNCTION

WHAT'S WRONG WITH THE PRODUCT? _____

HOW DID IT HAPPEN? _____

DATE OF FAILURE: _____

Claim Agreement:

I hereby initiate a claim against the service contract company as shown on this claim facilitation 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: _____

SAVE

UPLOAD

How to Submit Required Documentation

1. Fill out the Claim Facilitation Form completely. Please be sure to sign the document prior to saving.
2. Locate a copy of your receipt for your product and plan to include with your completed form
3. Upload completed documents to <https://protection.asurion.com/protection-plan/en-us/doc-uploads>

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. Please note failure to include both plan and product purchase receipts may delay the time frame it takes for us to approve your claim.

R. 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. In some cases, you may need to check the "About" section of your setting to obtain the model, serial, or IMEI.

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

A. You should receive an email response (if contact email provided) from MyClaimStatus@asurion.com within 1 business day of uploading your documents. Please note that emailed, faxed and mailed document review time frames are longer.

T. How long do I have to submit my paperwork?

A. Your claim will remain in a review status for 60 days from initiation. If we have not received your paperwork within that time, we will cancel your claim for inactivity. This does not prevent you from filing another claim in the future, so long as your plan is active.

REMINDERS:

- FILL OUT ALL FIELDS, SIGN, AND DATE THE CLAIM FORM PRIOR TO UPLOADING IT. INCOMPLETE FORMS WILL NOT BE APPROVED.
- SIGN YOUR CLAIM FORM USING A DIGITAL OR INK SIGNATURE. FORMS SUBMITTED WITH TYPED OR PRINTED SIGNATURES WILL NOT BE ACCEPTED.
- YOU CAN CONTACT ASURION CUSTOMER SERVICE IF YOU HAVE QUESTIONS REGARDING THE INSTRUCTIONS FOR COMPLETING OR SUBMITTING THE CLAIM FORM. THIS NUMBER CAN BE LOCATED ON YOUR PROTECTION PLAN INFORMATION.