

## Claim Declaration Form

### INSURANCE CERTIFICATE

Certificate/Policy Number:

### INSURED DEVICE DATA

Appliance Type:

Serial / IMEI Number:

### INSURED / OWNER DATA

Name:

CPR / Passport Number:

Mobile Number:

Email:

### DOCUMENTS LIST

Customer ID (CPR or Passport)

The present Claim Form filled and signed

Damaged / Defected Insured Device

In case of Robbery or Burglary: The original Police report, which encompasses the full details of the case.

In case of Robbery or Burglary: Payment Receipt from the SIM provider for the replacement SIM.

### ACCIDENT INFORMATION

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hour:

Country:

Place:

Customer Declaration (how did the Accident occur):

### 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: