

Business Claim Declaration Form - Device Insurance

INSURANCE CERTIFICATE

Certificate/Policy Number:

INSURED DEVICE DATA

Appliance Type:

Serial/IMEI Number:

COMPANY INFORMATION

Company Name:

C.R. Number:

INSURED/AUTHORIZED PERSON DATA

Name:

CPR No:

Mobile Number:

Email:

DOCUMENTS LIST

- Copy of the Insurance Certificate
- Copy of the Company Authorized Person's CPR
- Device Purchase Receipt (Original/Copy)
- The present Claim Form filled and signed by the authorized person
- 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.

Authorized Person Signature:

Date: