

Claim Declaration Form

INSURANCE CERTIFICATE

Certificate/Policy Number:

INSURED DEVICE DATA

Appliance Type:

Serial/IMEI Number:

INSURED/OWNER DATA

Name:

CPR No:

Mobile Number:

Email:

DOCUMENTS LIST

- Copy of the Insurance Certificate
- Customer ID (CPR or Passport)
- Original Receipt
- The present Claim Form filled and signed
- 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.

Customer signature:

Date: