

Office Use Only:

Reference No.		Claim No.		Date of Issue	
Scheme Ref	MPS/204				

PERSONAL INFORMATION:

Full Name			
Home Address			
Postcode			
Date of Birth	_/_/__	Occupation	
Are you VAT registered?	(Only applicable if you are self employed)		
Contact No. (Home)		Mobile No.	
Email Address:			

CLAIM DETAILS: (This information will be checked with your service provider and other relating authorities. If any information is disputed by them, the claim will be invalidated).

Make & Model		Mobile No	
Colour		Storage Capacity (if applicable)	
IMEI / Serial No.		Date of Purchase	
Lock Code (if mobile phone)		Login Password (if laptop)	
Network (if mobile phone)			
Date and Time of the damage			
Is the item still in use?	YES/NO		
Date and Time last used	(Only applicable if the item has stopped working)		
Are you the owner of the item?	YES/NO (If No, then who is the owner and how is the person related to you?)		
Has the item ever been claimed on or repaired previously?	YES/NO (if yes, please provide complete details)		

Please explain in full how and when the damage occurred and provide full details of the damage and faults with the gadget. *(Lack of information may result in a delay in processing your claim)*

(Please provide details on a separate sheet, if necessary.)

Do you have any other insurance policy that you could claim under for this same item?

Have you, within the last 2 years, made a claim under any insurance policy for any gadget? If so, please provide the following details:

Company claimed with	
Item claimed on	
Reason for Claim	

(If you have made more than one claim, please provide details on a separate sheet)

Note: *You back up your data before sending the item for repairs as we do not cover for the loss of data. Further to this, you disable the "Find my iphone" option as it stops the repair centre from carrying out any repairs to the phone. (This is only applicable to Apple products and instructions on how to disable are given in enclosed claims pack)*

Note: IF YOU SUBMIT A CLAIM WHICH IS DECLINED, AND THEN SUBMIT THE SAME CLAIM CHANGING THE CAUSE, THIS MAY BE CONSIDERED AS FRAUD AND APPROPRIATE ACTION WILL BE TAKEN.

DECLARATION:

I declare that the answers given are true and complete to the best of my knowledge and belief, and that if someone has filled in this form on my behalf that I have checked and agreed to the answers. I understand that the information may be checked and passed to other insurance companies or organisations to prevent fraud and I consent to such checks being made and the sharing of my information.

I understand that if I make a claim which is false, exaggerated or fraudulent in any way, my claim will not be paid, the insurance will end with no refund of premium and details of the fraud will be passed to the appropriate authorities for prosecution. If fraud is suspected then details will be passed to the police for further investigation.

I understand that if my gadget is replaced, the damaged or lost item is no longer my property and ownership will be transferred to Supercover Insurance Ltd.

Signed: _____

Date: _____

PolicyHolder's Name *(please print)*

CHECKLIST:

When you have completed this form, please check that you have enclosed one or more of the following with it:

- A receipt from the original purchase of the gadget (must include make, model and IMEI/serial number of the gadget).
- A despatch note if the phone was posted out to you (must include the make, model, IMEI/serial number and date of purchase of the gadget).
- The contract agreement with a Service Provider (if a mobile phone)

Please note: we DO NOT accept any forwarded emails.