Damaged Smartphone Insurance Claim Form

Policyholder Name	
Email Address	_
Contact Number	_
Address	_
Policy Number	
Date of Purchase	
Device Make & Model	
Serial/IMEI Number	
Date of Damage)
Description of Damage	_
How did the damage occur?	_
The ward and damage decar.	
Location of Incident	_
	_
Have you previously made a claim for this device?	
Upload Photos of Damaged Device	•
Spicaa i notos di Balliagea Bevice	_
Choose File No file selected	

Additional Comments