Wearable Gadget (Smartwatch) Insurance Claim Form

Full Name	
Email Address	
Dhana Marahan	
Phone Number	
Address	
Smartwatch Brand	
Model	
Serial Number	
Purchase Date	
Insurance Policy Number	
Date of Incident	
Type of Incident	
	•
Description of Incident	
Police Report Number (if applicable)	
Supporting Documents (links or file names)	

Signature

Date Submitted				