

Claim Declaration Form

INSURANCE CERTIFICATE

Certificate/Policy Number:

INSURED DEVICE DATA

Appliance Type:

Serial/IMEI Number:

INSURED/OWNER DATA

Name:

CPR No./ Passport 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/ Defected Insured Device

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: