



# phonecover claim form



BLOCK CAPITALS PLEASE

Name

Title	First Name	Surname
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O<sub>2</sub> Mob. No.

Please deliver my replacement phone: (tick as appropriate)

To my personal address as shown below\*  To my work address as shown below

\*If phone is to be delivered to a personal address, claimant must be available for signature on delivery.

Personal Address	Work Address
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Please provide Daytime Contact Number

When did the loss/theft/damage occur?

a.m. or  p.m. on the  day  month  year

Please state fully the circumstances/cause/location of the incident: (inclusion of all details is essential in order to process your claim)

Please state fully the nature of damage

to the phone: If your mobile phone is water damaged or written off, please enclose it in the freepost envelope supplied with this Claim Pack.

Have you reported loss/theft of phone to O<sub>2</sub> Customer Care on 1909 within 24 hours

No  Yes (If YES, please enter date: \_\_/\_\_/\_\_\_\_ & time: \_\_: \_\_ you reported incident to Gardai)

Phone details\*\*:

Phone make	Phone model
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IMEI Number (usually found under the battery in your phone)

Please include the excess payment of €35 or €65 if claiming for iPhone to ensure prompt settlement of your claim. Payment can be made by (a) Cheque/Postal order (made payable to Zurich Insurance plc (b) Credit/Debit Card. Please return this form together with payment of €35 or €65 if its an iPhone in the FreePost envelope provided or to Phonecover Limited, PO Box 7118, Dublin 2 OR fax the form to (01) 6767715 including the following details:

Credit/Debit Card:  Expiry Date: \_\_/\_\_/\_\_

DECLARATION: I declare that the above answers and particulars are correct. I have not concealed any material information.

Authorised Signature	Print Name	Date
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### Certification for completion by An Garda Siochana

Your policy requires that any loss/theft occurring in Ireland be notified to the Gardai. If your mobile is lost or stolen when overseas, please attach the Police Report from the country where the incident occurred.

Area:	Date:
Division:	District:

### To: Zurich Insurance plc

This is to certify that  Name of  Address reported to this station on this date the loss/larceny of:

Phone Make:
Phone Model:
IMEI Number:
Signed by Garda:

Garda Stamp