



Speak easy Insurance claim form



BLOCK CAPITALS PLEASE
Name

Title	First Name	Surname
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O₂ Mob. No.

Please deliver my replacement phone:
(tick as appropriate)

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

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

Personal Address	Work Address
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<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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Daytime Tel. No.

When did the loss/theft/damage occur?

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

Where did the loss/theft/damage occur?

Please state fully the circumstances/cause

of the incident: (inclusion of all details is
essential in order to process your claim, attach
extra information if necessary)

Please state fully the nature of damage
to the phone:

Have you reported loss/theft of phone to

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

O₂ Customer Care on 1747 and Gardai within
24 hours

Phone details:

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

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

To ensure prompt settlement of your claim please return this form together with a cheque for €35 or €65 for an iPhone claim,
(made payable to Zurich) in the FreePost envelope provided or to Speak easy Insurance, PO Box 7118, Dublin 2 OR fax the form to
(01) 6767715 including the following details:

Visa Card Number:

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:
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Division:	District:
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To: Zurich Insurance Ireland Limited

This is to certify that Name of Address

reported to this station on this date the loss/larceny of:

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