Bill pay insurance application form

Customer details

Name _____

Address _____

_____

Tel no _____

Mobile phone details

Number _____

Make/Model _____

Phonecover **€6** ☐ per month — Handsets with replacement value up to €500

Phonecover Extra **€9** ☐ per month — Handsets with replacement value between €500 and €1500

Phonecover iPhone **€12.99** ☐ per month — All iPhone handsets

IMEI no.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(key in *#06# to receive your IMEI no)

O_2 account number

☐☐☐☐☐☐☐☐☐☐

Cut out this form and return to **O_2 Customer Care, FREEPOST, McLaughlin Road, National Technology Park, Limerick, Ireland.**
It's FREEPOST. (No stamp required if posted in the Republic of Ireland.)

When we receive your application form, the monthly premium payment will be included on your O2 bill. Zurich Insurance plc will send your certificate of insurance to you.

Phonecover is a policy provided to you by Zurich Insurance plc. and does not form part of your O_2 Contract. If it should happen that you have cause for complaint you should contact Phonecover on 1850 797 000.
If the complaint is not resolved to your satisfaction, you should contact the Customer Services Co-ordinator, Zurich, Zurich House, Ballsbridge Park, Dublin 4. Telephone 01 667 0666

I have read, understood and agreed to the Phonecover contents of this document.

All of the information I have provided is true and complete. ☐

Signature _____

Date _____

Zurich Insurance plc is regulated by the Financial Regulator.

Prepay insurance application form

Customer details

Name _____

Address _____

_____

Tel no _____

DOB ____ / ____ / ____
(all applicants must be 18 or over)

Mobile phone details

Number _____

Make/Model _____

Speak easy insurance ☐ **€6** per month — Handsets with replacement value up to €500

Speak easy insurance Extra ☐ **€9** per month — Handsets with replacement value between €500 and €1500

Speak easy iPhone ☐ **€12.99** per month — All iPhone handsets

IMEI no.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(key in *#06# to receive your IMEI no)

O_2 account number

☐☐☐☐☐☐☐☐☐☐

Please return this application form, the **PURCHASE RECEIPT** for your mobile phone **and the attached payment instructions** to **Speak easy insurance, FREEPOST, PO Box 7118, Dublin 2.**
It's FREEPOST. (No stamp required if posted in the Republic of Ireland.)

Please enclose the purchase receipt of your mobile phone with this form.

When we receive your application form, along with the completed Direct Debit mandate (below), the monthly premium will be debited from your bank account. Zurich Insurance plc will send your certificate of insurance to you. If we receive your completed application form, relevant payment and purchase receipt within 7 days of you purchasing your new mobile phone, then your Prepay Insurance cover shall commence immediately. Otherwise cover will commence 60 days from receipt of same.

Prepay insurance is a policy provided to you by Zurich Insurance plc. Please address any queries relating to your policy to Zurich, Zurich House, Ballsbridge Park, Dublin 4. Telephone 01 667 0666

I have read, understood and agreed to the Phonecover contents of this document. All of the information I have provided is true and complete. ☐

Signature _____

_____

Zurich Insurance plc is regulated by the Financial Regulator.

Direct debit mandate

(INSURANCE USE ONLY)

To pay your Prepay insurance via direct debit, please fill out the form below and return it FREEPOST with your Prepay insurance form to Prepay insurance, PO Box 7118, Dublin 2.

To the manager

Bank or Building society _____

Address _____

_____

Account holder _____

Bank account number ☐☐☐☐☐☐☐☐ Sort code ☐☐☐☐☐☐

(Some banks do not accept Direct Debits from certain types of accounts e.g. savings or deposit.)

O_2 account holder's name:

_____

O_2 account holder's number

0 8 ☐ ☐☐☐☐☐ ☐☐

Originator ID 3 0 3 4 6 0

Originator Reference **Speak easy INSURANCE**

Your instructions to the Bank or Building Society

I instruct you, until further notice, to charge my Account variable amounts which may be debited on various dates by Zurich Insurance plc.

I shall inform the bank in writing if I wish to cancel this instruction.

If any Direct is paid which breaks the terms of the instruction, the Bank will make a refund.

Direct Debit Guarantee

* This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
* If you authorise payment by Direct Debit, then
* Your Direct Debit Originator will notify you in advance of the amounts to be debited to your accounts
* Your Bank will accept and pay such debits, provided that your account has sufficient available funds
* If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged.
* You can cancel the Direct Debit Instruction by writing in good time to your Bank.

Signature(s) _____

Date _____

Rosehill Ltd t/a Speak easy insurance, PO Box 7118, Dublin 2.