

Please Read Before Submitting Your Claim Form

Please complete the claim form in full and return with proof of purchase for your insured item.

The claim form must be completed by hand and signed by you.

You can email to claims@supercoverinsurance.com

Or fax to 0871 222 3228

Or post to

206 Cumberland House

80 Scrubs Lane

London

NW10 6RF

To enable us to process your claim more efficiently, please provide as much information as possible regarding the circumstances of theft or loss. Failure to provide circumstances in full will delay your claim

All claims made on the policy are subject to an excess fee. This must be enclosed with the claim form. We recommend payment is made by credit/debit card, (please note, we do not accept Visa Electron, Maestro International or AMEX),but you can pay by postal order if you prefer. Please make postal orders payable to Supercover Insurance Ltd.

Once your claim information has been received approval will take up to 48 hours.

If any of the requested information, including your proof of purchase, is not sent, your claim will be delayed until such information has been supplied by you

If you have any questions do not hesitate to contact us on 0871 222 1130

Supercover Insurance Plc

Office Use Only:

Reference No.		Claim No.		Date of Issue	
---------------	--	-----------	--	---------------	--

PERSONAL INFORMATION:

Full Name			
Delivery Address			
Post Code			
Contact No. (Home)		Mobile No.	
Email Address:			

CLAIM DETAILS:

Make & Model		Mobile No	
IMEI / Serial No.			

Mobile Phone only:

Network (if mobile)		Mobile No.	
Date Phone Barred		Time Phone Barred	
Time Phone last used			

Note: This information will be checked with your service provider. If any information is disputed by them, this will invalidate the claim.

IF YOU SUBMIT A CLAIM, WHICH IS NOT COVERED, AND THEN SUBMIT A CLAIM CHANGING THE CAUSE, THIS COULD BE CONSIDERED AS FRAUD.

Have you previously made a claim under any insurance for a Gadget within the last 2 years if so please provide the following:

Company claimed with	
Item claimed on	
Reason for Claim	

* If you have made more than one claim, please provide details on a separate sheet..

Do you have any other insurance that you could claim under for this same item?

--

DATE AND TIME OF DISCOVERY OF THEFT / LOSS :

Date		Time	
------	--	------	--

Where was the item at the time of lost / theft?		
CAR	If so where in the car?	
BAG	If so where was the bag?	
POCKET	If so which pocket?	
JACKET	If so where was the jacket?	
TABLE	If so where were you?	
HAND	If so how was it taken?	
OTHER		

If car / premises; was it locked at the time of theft?	YES / NO
--	----------

POLICE DETAILS:

Station Reported to		Telephone no.	
Date Report made		Time	
Police Reference no.			

***Please explain in full the circumstances of theft / loss** (Please provide as much information as possible. Lack of information will delay the claim).*

--

* Please provide details on a separate sheet, if necessary.

PAYMENT DETAILS:

I authorize the excess fee to be debited from my card.

Excess Fee	£	Credit / Debit Card	
Expiry Date		Start Date	
Security No.			

DECLARATION:

I declare that the answers given are true and complete to the best of my knowledge and belief, and that if someone has filled in this form on my behalf I have checked and agreed the answers. I understand that the information may be checked and passed to other insurance companies or organisations to prevent fraud and consent to such checks being made and the sharing of my information. I understand that if I make a claim which is false, exaggerated or fraudulent in any way, that my claim will not be paid, that the insurance will end, with no refund of premium and details of the fraud will be passed to the appropriate authorities for prosecution. If fraud is suspected then details will be passed to the police for further investigation. If we replace your electronic equipment, the damaged or lost item becomes ours and ownership will be transferred to Supercover Insurance Plc.

Date: _____

Print (*Insurance Holder Name*):

Signed