

# How to Submit the Required Documentation

The person completing this document must be the AT&T Account Holder and must provide a copy of their valid photo ID\*.

## Choose an option (Online or Fax) and follow the steps

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### Online (Recommended)

- 1 Print, fill out and sign the Sworn Affidavit & Proof of Loss Statement (found on page 2).
- 2 Scan or take pictures of both the completed affidavit and your valid photo ID.
- 3 Upload both documents at [phoneclaim.com/att-uploader](https://phoneclaim.com/att-uploader)

### Fax

- 1 Print, fill out and sign the Sworn Affidavit & Proof of Loss Statement (found on page 2).
- 2 Photocopy your valid photo ID and write your AT&T wireless number on each page.
- 3 Fax both documents to 1-888-429-7719.

## Important Instructions:

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**Only use the documents sent directly to you. These documents have individual markings that allow us to associate them with your claim.**

### Make sure you have a \*Valid Photo ID:

- Acceptable forms of photo ID: valid driver's license, passport, State DMV-issued ID card or matricula consular ID (ID must not be expired)
- Unacceptable forms of ID: student ID, work ID, birth certificate, Social Security card, Military IDs and expired photo IDs
- Name on the ID must match the name of the AT&T Account Holder and the name/signature on your submitted Sworn Affidavit & Proof of Loss Statement
- If the ID appears altered, forged, illegitimate or unreadable, we may not be able to proceed with your claim

### Documents must be clear

- Tips to make a clear photocopy of your photo ID: Use the enlarge, contrast/photo quality and color settings on your printer
- Color copies are preferred

**Please return all documents and complete your claim within 60 days. After this period, your claim will be canceled and you may not be able to refile your claim.**

**Questions? Call us at 1-888-562-8662.**

AT&T Mobile Insurance, Protect Insurance for 1 and 4, and Protect Insurance for Business for 1 and 4 are underwritten by Continental Casualty Company, a CNA Company (CNA), Chicago, IL, and administered by Asurion Protection Services, LLC, (In Iowa, Lic. #1001002300; in California, Asurion Protection Services Insurance Agency, LLC, CA Lic. #OD63161; and in Puerto Rico, Asurion Protection Services of Puerto Rico, Inc.), a licensed agent of CNA. If your Protect Advantage program includes service contract coverage, the service contract component is provided by Asurion Warranty Protection Services, LLC, or one of its affiliates.

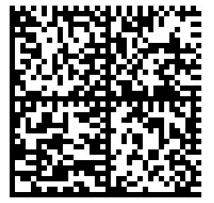
**asurion**

# Sworn Affidavit & Proof of Loss Statement

The person completing this document must be the AT&T Account Holder and must provide a copy of their valid photo ID\*.

## INSURANCE FRAUD IS A CRIME

For your protection, a person who knowingly presents a false or fraudulent insurance claim with the intent to injure, defraud, or deceive any insurer is guilty of a crime and may be subject to fines and confinement in prison. When fraud is discovered, Asurion takes appropriate steps to stop such fraud and explores all of its available legal remedies.



## What device are you claiming?

ALL FIELDS ARE REQUIRED. PLEASE PRINT USING BLUE OR BLACK INK.

Wireless Number: 423 [ ] [ ] 367 [ ] [ ] - 8184 [ ] [ ]

Manufacturer: Samsung [ ]  
( Examples: Apple, Samsung, Google, etc. )

Model: Galaxy s22 ultra 512gb [ ]  
( Examples: iPhone12 Pro Max, S21 Ultra 5G, Pixel 5, etc. )

## What happened to the device?

My Device Is: ☐ Lost ☐ Stolen ☒ Damaged ☐ Malfunctioning

Date of Occurrence: 01/04/2023 Place of Occurrence: \_\_\_\_\_

Describe What Happened: \_\_\_\_\_  
Dropped phone on metal heater duct screen  
cracked

Note: If your device was damaged or malfunctioning, you are required to return it to Asurion upon receipt of your replacement.

## Account Holder information (for verification purposes only)

Full Name: Christopher Oyler

Contact Number: (423) 367-8184 Alternate Contact Number: \_\_\_\_\_

Email Address: Coyler1038@live.com

Billing Address: 244 Shipley Rd Lot 27

City: Church Hill State: Tn Zip Code: 37642

## Claim agreement

I swear/affirm that the device I am claiming is owned by me and that the information provided above is true and accurate. I understand that knowingly presenting false or fraudulent information in support of this insurance claim with the intent to injure, defraud, or deceive any insurer is a crime. Asurion may take legal action, including reporting to law enforcement, when it suspects fraud in the presentation of insurance claims.

Signature: Christopher Oyler Date: 1/5/2023

Control # COV54480 Rev 29 EDT:11/1/07 RDT: 02/24/2022

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Web: [phoneclaim.com/att-uploader](https://phoneclaim.com/att-uploader) Fax: 1-888-429-7719  
Asurion Attn: Review Team P.O. Box 413886 Kansas City, MO 64141-3886