



Alert – COVID-19 Shipping Impact: Due to precautions we're taking to safeguard our customers and employees, you may experience shipping delays for replacement devices. For approved claims, we'll provide you with tracking information via email once your replacement device has shipped. Thank you for your patience and understanding.

CLOSE

Your claim is approved!

Good news! Your claim has been approved. Your claim number is **48534711**. Please be sure to make a note of it for future reference.

Your Deductible Payment

Thank you for paying your deductible via credit/debit card. The confirmation number for this transaction is 06214D.

Your Replacement Device

We are happy to confirm that the request for your replacement device has been submitted. For your convenience, you will be able to track your replacement device online. We'll email you details once it's shipped.

In the meantime, the best way to check the status of your claim is to visit the [Home Page](#) of this site and enter your mobile number or serial number in the [File or Track My Claim](#) section.

Thank you for visiting myphpinfo.com - it has been our pleasure to service you!



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Mobile Number:	8328348302
Date of Incident (mm/dd/yyyy):	9/7/2020
First Name:	Jesus
Last Name:	Flores
Email Address:	je.flores28@gmail.com
Name Listed on Account:	Angelica Flores
Billing Street Address:	9710 GAINES RD
City:	SUGAR LAND
State/Province:	TX
Zip/Postal Code:	774989735
Contact Number:	3467772534
Are you the authorized contact for this account?	Yes
Date Of Birth:	5/24/1993

No

Is your wireless device lost, misplaced or is it unable to be recovered from a known location?

Yes

Please Confirm your Serial#/IMEI/IMEID:

352857111324882

Was your SIM card in your mobile device when the incident or loss occurred?

Yes

Brief description of what happened to your mobile device:

Dropped to the bottom of the river.

Who had possession of the device at the time of the incident?

Jesus Flores

Equipment Claimed

Manufacturer:	Apple
Model:	iPhone 11 Pro Max 64GB Green

Payment Information

Shipping:	Expedited
Payment Method:	Credit Card
Card Type:	Visa

Delivery Options

Attention:	Jesus Flores
Shipping Address:	12660 STAFFORD RD APT 634
City:	STAFFORD
State/Province:	TX
Zip/Postal Code:	774773549



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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals, for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and substantial civil penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company, or other person files a claim for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Assurant Solutions· 676 E. Swedesford Road, Suite 300 Wayne, PA 19087

[POPUP]