

Insurance Claim Document

Claim Form for Electronic Insurance

Policyholder Information:

- **Name:** Kristjan Tamm
- **Address:** Pärnu mnt 123, Tallinn, Estonia
- **Phone:** +372 51234567
- **Email:** kristjan.tamm@example.com
- **Policy Number:** EE-2025-456

Claim Details:

- **Device Model:** Apple iPhone 15 Pro Max
- **IMEI Number:** 358340051111110
- **Date of Incident:** 2025-03-05
- **Location of Incident:** Tallinn, Estonia
- **Description of Damage:** Screen cracked after accidental drop on concrete floor.
- **How did the damage occur?** The phone slipped from my pocket while walking and hit the pavement.
- **Was the device in use at the time of damage?** ☒ Yes ☐ No

Supporting Documents Attached:

Declaration: I hereby declare that the information provided is true and correct to the best of my knowledge.

Signature: Kristjan Tamm **Date:** 2025-03-06