

ANYCOMPANY TELECOM

DEVICE DAMAGE CLAIM FORM

CLAIM INFORMATION

Claim Number	CLM-2024-089681
Claim Date	March 20, 2024
Claim Status:	Pending Review

CUSTOMER INFORMATION

Customer Name: Jennifer Park

Account Number: ACT-429-7156-03

Phone Number: (555) 672-4903

Email Address: jennifer.park@corporatemail.com

Customer Address: 3456 Riverside Drive, Suite 201, Austin, TX 78704

DEVICE INFORMATION

Phone Make	Google
Phone Model	Pixel 8 Pro
Color	Bay Blue
Storage Capacity (GB)	128
IMEI Number	358920117638492
Serial Number	G8PXL5RMTN9K
Date of Purchase	August 5, 2023
Place of Purchase:**	AnyCompany Telecom Store - Austin Central

INSURANCE COVERAGE

Insurance Plan: Standard Device Protection

Policy Number: INS-2023-392847

Monthly Premium: \$9.99

Deductible Amount: \$149.00

Coverage Start Date: August 5, 2023

INCIDENT DETAILS

Date of Damage: March 19, 2024

Time of Incident: 11:45 AM

Location of Incident: Office parking garage, Level 3, near elevator bay

Damage Description:

While exiting vehicle in parking garage, phone slipped from hand as I was gathering work bags and laptop. Device fell approximately 4 feet onto concrete parking garage floor, landing face-down. Upon inspection, discovered screen has single diagonal crack running from top-right corner to bottom-left corner (approximately 4 inches long). Touch screen remains fully functional across entire display. Rear camera lens also has minor hairline crack but camera still

captures clear images. No other visible damage to frame or buttons. Device powers on normally and all functions operational except for compromised screen integrity and camera lens.

Type of Damage: Accidental Drop - Screen and Camera Lens Damage

Previous Claims: None

Witness Present: Yes - Colleague David Chen was walking to office together
(david.chen@corporatemail.com, 555-672-4911)

SUPPORTING DOCUMENTATION

- Damage Photo(s) Attached
- Proof of Purchase
- Police Report (if applicable): N/A
- Repair Estimate

CUSTOMER DECLARATION

I hereby certify that the information provided in this claim is true and accurate to the best of my knowledge. I understand that providing false information may result in claim denial and policy cancellation.

Customer Signature: Jennifer Park

Date: March 20, 2024

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FOR OFFICE USE ONLY

Claim Received By: _____

Initial Review Date: _____

Fraud Check Status: _____

Approval Status: _____

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