

# ANYCOMPANY TELECOM

## DEVICE DAMAGE CLAIM FORM

### CLAIM INFORMATION

|               |                 |
|---------------|-----------------|
| Claim Number  | CLM-2024-089472 |
| Claim Date    | March 15, 2024  |
| Claim Status: | Pending Review  |

### CUSTOMER INFORMATION

Customer Name: Sarah Mitchell

Account Number: ACT-558-9234-01

Phone Number: (555) 234-8901

Email Address: sarah.mitchell@email.com

Customer Address: 1247 Maple Street, Apt 3B, Seattle, WA 98102

### DEVICE INFORMATION

|                       |   |
|-----------------------|---|
| Phone Make            | Apple                                   |
| Phone Model           | iPhone 14 Pro                           |
| Color                 | Gold                                    |
| Storage Capacity (GB) | 256                                     |
| IMEI Number           | 356728491038562                         |
| Serial Number         | F9KXQ3PRNC7M                            |
| Date of Purchase      | October 12, 2023                        |
| Place of Purchase:**  | AnyCom Telecom Store - Seattle Downtown |

### INSURANCE COVERAGE

Insurance Plan: Premium Device Protection Plus

Policy Number: INS-2023-447821

Monthly Premium: \$12.99

Deductible Amount: \$199.00

Coverage Start Date: October 12, 2023

### INCIDENT DETAILS

Date of Damage: March 14, 2024

Time of Incident: Approximately 2:30 PM

Location of Incident: Home - Kitchen area

### Damage Description:

Device accidentally dropped from kitchen counter onto tile floor while preparing lunch. Screen has extensive spider-web cracking radiating from the center, with multiple impact points visible. The display is partially functional but touch responsiveness is intermittent in cracked areas. No water damage. Device still powers on.

Type of Damage: Accidental Drop - Screen Damage  
Previous Claims: None  
Witness Present: No

### **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: Sarah Mitchell  
Date: March 15, 2024

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### **FOR OFFICE USE ONLY**

Claim Received By: \_\_\_\_\_  
Initial Review Date: \_\_\_\_\_  
Fraud Check Status: \_\_\_\_\_  
Approval Status: \_\_\_\_\_

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