

ANYCOMPANY TELECOM

DEVICE DAMAGE CLAIM FORM

CLAIM INFORMATION

Claim Number	CLM-2024-089573
Claim Date	March 18, 2024
Claim Status:	Pending Review

CUSTOMER INFORMATION

Customer Name: Marc Thompson
Account Number: ACT-742-3381-09
Phone Number: (555) 891-2347
Email Address: m.thompson.2024@email.com
Customer Address: 892 Oak Boulevard, Unit 12, Portland, OR 97201

DEVICE INFORMATION

Phone Make	Samsung
Phone Model	Galaxy S24 Ultra
Color	Titanium Black
Storage Capacity (GB)	512
IMEI Number	352847109382761
Serial Number	R9FGH2KVPM8L
Date of Purchase	March 2, 2024
Place of Purchase:**	AnyCompany Telecom Store - Portland Mall

INSURANCE COVERAGE

Insurance Plan: Premium Device Protection Plus
Policy Number: INS-2024-103947
Monthly Premium: \$14.99
Deductible Amount: \$229.00
Coverage Start Date: March 2, 2024

INCIDENT DETAILS

Date of Damage: March 16, 2024
Time of Incident: Around evening time
Location of Incident: Somewhere outside

Damage Description:

Phone fell out of pocket. Screen is cracked and back glass is also damaged. Device won't turn on anymore. Might have gotten wet too but not sure.

Type of Damage: Accidental Drop - Multiple Damages

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: Marc Thompson

Date: March 18, 2024

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FOR OFFICE USE ONLY

Claim Received By: _____

Initial Review Date: _____

Fraud Check Status: _____

Approval Status: _____

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