

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN99900007

24/7 Helpline: 1-800-555-CLAIM | claims@premierinsurance.com

## MOBILE DEVICE INSURANCE CLAIM

Claim Date: May 22, 2020

### TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN99900007	January 23, 2025 at 08:00 AM	AGENT00450
Vendor ID	Policy Effective Date	
VNDR00437	June 27, 2019	

### POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type		
PLC00006886	A00004671	Mobile		
Customer Name				
Nicholas Hamilton				
Address Line 1	Address Line 2			
642 South 2nd Street	#608			
City	State	Postal Code		
Louisville	KY	40202		
SSN	Age	Marital	Tenure	Education
427-41-7221	27	No	118 months	Bachelor
Employed	Family Members	House Type	Social Class	
Yes	4	Mortgage	MI	

### COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
May 22, 2020	May 27, 2020	9:00
Incident City	Incident State	Severity
Louisville	KY	Minor

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Authority Contacted

N/A

Any Injury

No

Police Report

No

### ■ FINANCIAL & RISK INFORMATION

Premium Amount

\$10.00

Claim Amount

\$800.00

Claim Status

Pending

Routing Number

107890252

Account (Masked)

.....4624

Risk Segment

H

#### Financial Summary:

- Total Claim Amount: \$800.00
- Monthly Premium: \$10.00
- Risk Category: H
- Status: Pending

### ■ MOBILE DEVICE INSURANCE CLAIM DETAILS

Device Model

iPhone 14

IMEI Number

IMEI111222333444

Loss Type

Lost Device

Proof of Purchase

Receipt

#### Required Documents for Mobile Device Claim:

- Original Purchase Receipt/Invoice
- Device Photos (if damaged)
- IMEI Screenshot from device settings
- Police Report (if stolen)
- Warranty Card
- SIM Card details
- Device Box with IMEI sticker
- Service center report (if applicable)

### ■ DECLARATION & AUTHORIZATION

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### DECLARATION:

I hereby declare that all the information provided in this claim form is true, complete, and accurate to the best of my knowledge and belief. I have not withheld any material information that may influence the assessment or settlement of this claim.

### AUTHORIZATION:

I authorize Premier Insurance Group and its representatives to investigate this claim, including obtaining information from medical providers, employers, government agencies, and any other relevant parties. I understand that any false statement or misrepresentation may result in denial of the claim and may subject me to legal action.

### ACKNOWLEDGMENT:

I acknowledge that the settlement of this claim is subject to the terms, conditions, and exclusions of my insurance policy.

\_\_\_\_\_  
Policyholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date