

# PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500007

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

## MOBILE DEVICE INSURANCE CLAIM

Claim Date: December 03, 2025

### ■ TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN55500007	December 08, 2025 at 04:50 PM	AGENT00450

Vendor ID	Policy Effective Date
VNDR00437	January 18, 2024

### ■ POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type
PLC55500007	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

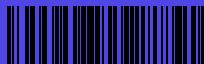
### ■ COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
December 03, 2025	December 04, 2025	13:00

Incident City	Incident State	Severity
Louisville	KY	Minor

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Authority Contacted	Any Injury	Police Report
N/A	No	No

### ■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$15.00	\$950.00	Pending

Routing Number	Account (Masked)	Risk Segment
107890252	*****4624	H

#### Financial Summary:

- Total Claim Amount: \$950.00
- Monthly Premium: \$15.00
- Risk Category: H
- Status: Pending

### ■ MOBILE DEVICE INSURANCE CLAIM DETAILS

Device Model	IMEI Number
iPhone 15 Pro	358240091234567.0

Loss Type	Proof of Purchase
Theft	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.

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Policyholder Signature

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Date

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Witness Signature

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Date