

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN55500008

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

MOBILE DEVICE INSURANCE CLAIM

Claim Date: December 05, 2025

TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN55500008	December 08, 2025 at 05:15 PM	AGENT00324
Vendor ID	Policy Effective Date	
VNDR00135	October 12, 2023	

POLICYHOLDER COMPLETE INFORMATION

Policy Number	Customer ID	Insurance Type		
PLC55500008	A55500008	Mobile		
Customer Name				
Amanda Chen				
Address Line 1	Address Line 2			
928 Pine Ridge Ave	N/A			
City	State	Postal Code		
San Francisco	CA	94102		
SSN	Age	Marital	Tenure	Education
690-12-3456	31	S	14 months	PhD
Employed	Family Members	House Type	Social Class	
Yes	1	Rent	LI	

COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
December 05, 2025	December 06, 2025	15:00
Incident City	Incident State	Severity
San Francisco	CA	Minor

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Authority Contacted

N/A

Any Injury

No

Police Report

No

■ FINANCIAL & RISK INFORMATION

Premium Amount

\$12.50

Claim Amount

\$750.00

Claim Status

Pending

Routing Number

789012345

Account (Masked)

.....0123

Risk Segment

M

Financial Summary:

- Total Claim Amount: \$750.00
- Monthly Premium: \$12.50
- Risk Category: M
- Status: Pending

■ MOBILE DEVICE INSURANCE CLAIM DETAILS

Device Model

Samsung Galaxy S24

IMEI Number

862591052345678.0

Loss Type

Lost Device

Proof of Purchase

Invoice

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