

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

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

Authority Contacted

N/A

Any Injury

No

Police Report

No

■ FINANCIAL & RISK INFORMATION

Premium Amount

\$15.00

Claim Amount

\$950.00

Claim Status

Pending

Routing Number

107890252

Account (Masked)

.....4624

Risk Segment

H

Financial Summary:

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

■ MOBILE DEVICE INSURANCE CLAIM DETAILS

Device Model

iPhone 15 Pro

IMEI Number

358240091234567.0

Loss Type

Theft

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

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

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