

PREMIER INSURANCE GROUP

Excellence in Coverage • Trusted Since 1985



TXN99900008

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

MOBILE DEVICE INSURANCE CLAIM

Claim Date: January 15, 2025

TRANSACTION INFORMATION

Transaction ID	Transaction Date	Agent ID
TXN99900008	January 23, 2025 at 10:00 AM	AGENT00450
Vendor ID	Policy Effective Date	
VNDR00437	June 01, 2023	

POLICYHOLDER COMPLETE INFORMATION

Policy Number		Customer ID	Insurance Type	
PLC99900008		A99900008	Mobile	
Customer Name				
Jennifer White				
Address Line 1		Address Line 2		
135 Fir St		N/A		
City	State	Postal Code		
Portland	OR	97201		
SSN	Age	Marital	Tenure	Education
333-44-5555	29	S	4 months	Bachelor
Employed	Family Members		House Type	Social Class
Employed	1		Rent	Middle

COMPLETE INCIDENT DETAILS

Loss Date	Report Date	Hour of Day
January 15, 2025	January 16, 2025	14:00
Incident City	Incident State	Severity
Portland	OR	Minor

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Authority Contacted

N/A

Any Injury

No

Police Report

No

■ FINANCIAL & RISK INFORMATION

Premium Amount

\$12.00

Claim Amount

\$600.00

Claim Status

Pending

Routing Number

555666777

Account (Masked)

•••••9000

Risk Segment

Medium

Financial Summary:

- Total Claim Amount: \$600.00
- Monthly Premium: \$12.00
- Risk Category: Medium
- Status: Pending

■ MOBILE DEVICE INSURANCE CLAIM DETAILS

Device Model

Samsung S23

IMEI Number

IMEI999888777666

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

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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