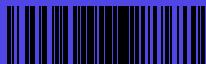


PREMIER INSURANCE GROUP

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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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MOBILE DEVICE INSURANCE CLAIM

Claim Date: May 22, 2020

Authority Contacted	Any Injury	Police Report
N/A	No	No

■ FINANCIAL & RISK INFORMATION

Premium Amount	Claim Amount	Claim Status
\$10.00	\$800.00	Pending

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

Financial Summary:

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

■ MOBILE DEVICE INSURANCE CLAIM DETAILS

Device Model	IMEI Number
iPhone 14	IMEI111222333444

Loss Type	Proof of Purchase
Lost Device	Receipt

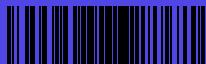
Required Documents for Mobile Device Claim:

- 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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MOBILE DEVICE INSURANCE CLAIM

Claim Date: May 22, 2020

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