

## Accidental Damage/Breakdown Claim Form = iPhones & Smartphones.

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Dear Policyholder

We would ask that you complete this claim form in full and ensure you complete the following activities:

Please note that the proper completion of the claim form is a condition for examining your claim.

For all claims:

- Include original proof of purchase of the item.
- Provide to us copies of any other insurance covering this item for example travel or household contents insurance.
- Please ensure you provide the day time contact number and email address on the claim form as this will help to speed up your claim assessment where further information or clarification may be needed.

Please note we share claims information with other insurers, networks and fraud prevention agencies. By signing your claim form you consent to the processing and transfer of information.

Where possible we aim to assess claims within 2 working days of receiving your fully completed claim form, and where applicable, policy excess and any supporting evidence as requested by the claims assessors. You will be informed by the claims assessor if additional information or documentation is required in support of your claim.

All calls to our office are recorded and may be used as part of the validation process in assessing your claim.

Yours sincerely

Progressive Insurance Co. Ltd

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Please ensure ALL questions applicable to your claim are answered in full and in block capitals.

Policyholder Name:

Policy Number

Address:

Occupation:

Date of birth: / /

Make & Model:

IMEI/Serial number:

Daytime Contact number:

Email Address:

Colour & memory size (eg, black 32GB):

Type of incident:      **Accidental Damage**                      **Breakdown**

Have you ever been refused similar insurance elsewhere or had your policy cancelled by the insurer: YES/NO

Please provide details:

Date and time of Incident: / /                      (AM/PM)

Please see terms and conditions for perils covered under your specific policy

Please provide details below of **WHERE** and **HOW** the incident occurred - (if required please use a separate sheet and where someone other than the policyholder was in possession of the item at the time of the incident, please provide their name, address, relationship to the policyholder and date of birth)

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As appropriate, please state below either the full damage to the item or full details of the breakdown:

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## Declaration

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via an anti-fraud register. In the event of a claim, the information you have supplied may be placed on a register and made available to participants. I declare that to the best of my knowledge and belief that the answers given above are true and that if someone has completed this form on my behalf that I have checked and agree to all details submitted. I understand that if I have knowingly made a false representation, the claim will be invalidated. I authorise Progressive Insurance Co. Ltd to collect the policy excess from the credit/debit card details below and to make any enquiries and obtain any information that they consider relevant in assessing the claim.

*We may appoint a Fraud Investigation Agent as part of our standard procedure to help assess your claim. Claims may be specifically selected or selected at random.*

*By signing below I agree that Progressive Insurance Co. Ltd may appoint a Fraud Investigation Agent to contact me directly. Without this permission I understand my claim will not be processed.*

I understand that this form must be fully completed and returned within **15** days of making the claim.

Signed

Date: / /

Name (print)

## Please complete the below to enable us to collect your policy excess by credit/debit card

Card No. \_

Expiry Date \_ / issue no.

PIA\* \_

## Policy Excess Applicable: As per policy terms and conditions

\*(this is the last 3 digits of the security number on your signature strip)

## Return this claim form to:

Progressive Insurance Co. Ltd at the email address: [miclaims@progressiveic.com](mailto:miclaims@progressiveic.com)

## Important Information: DO NOT SEND YOUR ITEM WITH THIS CLAIM FORM -

**We will provide you with full instructions on where to send your item once your claim has been assessed.**

**Before returning the completed claim form, please ensure you have:**

- \*completed the claim form in full and signed it (including a day time contact number and email address (where available))**
- \*completed the policy excess section**
- \*enclosed any other evidence in support of your claim**
- \*enclosed proof of purchase**

**Upon receipt of all the above information your claim will be assessed and you will be advised of the outcome and where to send the item for repair.**

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