

ORIGINAL WARRANTIES FOR ITEM (continued)

Please complete the following with detailed information on the type of warranty(ies) that relate to the item that require repair, i.e. whether they are parts and labour or just labour or any other form of warranty.

Are any of the other warranties still valid? Yes No

If Yes, what type of warranty do you have? (Please detail below)

Parts:	Labour:	Other:
Original Manufacturer's Warranty <input type="checkbox"/>	Original Manufacturer's Warranty <input type="checkbox"/>	Original Manufacturer's Warranty <input type="checkbox"/>
Length (Days/Months/Years) <input type="text"/>	Length (Days/Months/Years) <input type="text"/>	Length (Days/Months/Years) <input type="text"/>
Expiration Date <input type="text"/>	Expiration Date <input type="text"/>	Expiration Date <input type="text"/>

DETAILS OF REPAIRS

Repair Facility Information:

Repair Company Name:

Address:

County:

Telephone: Fax:

Contact Name:

Estimated Cost and Repair	Description	Cost
Parts		
Labour		
Total		

If you require additional space for your claim, please type or print on a separate sheet and enclose it when returning this form. Please read carefully before signing.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true and correct to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy. If you are in any doubts as to whether a fact is material, you must disclose it.

FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

I understand that this Claim Form must be complete and that all necessary documentation must be filed before this Electrical & Mechanical Breakdown Form can be processed and paid. I understand that I must return this Claim Form no later than ninety (90) days after the breakdown together with the Manufacturer's Original Warranty and the original purchase receipt otherwise my claim may be denied.

The details you supply will be stored and used by Allianz Insurance plc and helpucover Gadget and Mobile Phone Insurance Membership Services, to administer your insurance cover. Your personal details may be transferred outside of the EU including the USA. They will at all times be held securely and handled with the utmost care in accordance with all the principles of the English law. We may check your details with other insurers through various databases to help us check information provided and also to prevent fraudulent claims. Your details will not be kept for longer than necessary.

Member Signature: _____ Date: _____

Electrical & Mechanical Breakdown
- Claim Form -

You have received this Claim Form because you have contacted helpucover Gadget and Mobile Phone Insurance Membership Services to notify us of the breakdown of a gadget, personal possession or mobile phone product you believe to be covered under the Electrical & Mechanical Breakdown Service.

In order for us to evaluate and process your claim, it is important that you complete this Claim Form fully and provide all required documentation. Following are some important points to remember as you complete this Claim Form.

IMPORTANT INFORMATION ABOUT FILING THIS CLAIM

You should send your completed Electrical & Mechanical Breakdown Claim Form no later than 90 days from the date of the fault

- You should obtain an appraisal from an approved manufacturer's repair agent.
- Include
 - the appraisal showing the date and cause of the fault,
 - the repair work to be carried out,
 - the cost of labour and parts,
 - the original receipt containing the method of payment and,
 - whenever it is possible to do so, the original manufacturer's warranty.

Fraud

If the insured or anyone acting on behalf of the insured makes any false or fraudulent claim or supports a claim by false or fraudulent document, device or statement, this policy shall be void and the insured will forfeit all rights under the policy. In such circumstances, we retain the right to keep the premium and to recover any sums paid by way of benefit under the policy. If we receive a claim under your policy we may ask you or any person covered under the policy to give written consent, during the claims process, for us to obtain specified information and material from the police and to exchange information and material with them. The purpose of these measures is to help us verify claims and to guard against fraud. If you or a covered person gives such consent you or the covered person will be given the opportunity to receive a copy of the information and material the police release to us. Should you or any covered person decline to give such consent we may in turn decline to settle the claim without the required information and material. We will not normally release information or material about a covered person to you without their consent.

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CHECKLIST

PLEASE READ CAREFULLY BEFORE SENDING THIS FORM

1. Is the repair covered under any other warranty insurance?

If YES, the claim should be submitted to that insurance company first.

Yes No

2. Have you included:

(a) The original purchase receipt

Yes No

(b) A copy of the manufacturer's warranty documentation

Yes No

(c) The repair estimate/invoice fully detailed.

Yes No

If NO, the claim cannot be processed.

PLEASE REMEMBER TO:

- fully complete, sign and date the Claim Form
- submit a copy of all the applicable warranties
- submit original receipts
- submit a copy of repair estimate/invoice
- submit a copy of maintenance records (where applicable)

Electrical & Mechanical Breakdown Claim Form

Purchases covered by electrical & mechanical breakdown

POLICY INFORMATION - PLEASE WRITE CLEARLY WITH CAPITAL LETTERS OR A TICK (✓)

Details of the Member

Policy No. (can be found on your helpucover Gadget and Mobile Phone Insurance Card):

Your title: Mr ✓ Mrs ✓ Miss ✓ Ms ✓ Other title

Your last name:

Your first name(s):

Your address (where we can write to you):

Your postcode:

Your telephone numbers (please include your dialling code):

Home:

Work:

Mobile:

Email Address:

CLAIM DETAILS

List item which is subject of this claim

Item (eg. Television):

Make & Model (eg. Sony Bravia KDL40V3000): Serial Number:

Purchase Price: Purchase Date:

Have you ever made a prior claim under Electrical & Mechanical Breakdown? Yes No

DESCRIPTION OF BREAKDOWN

Cause of Breakdown: Date of Breakdown:

Can the item be repaired? Yes No

Please attach the original store's purchase receipt and the Manufacturer's Original Warranty

For internet purchases a copy of the confirmation email from the supplier and the credit card statement showing the transaction.

ORIGINAL WARRANTIES FOR ITEM

Please complete the following information on all warranties that relate to the item that requires repair:

Type of Warranty	Length of Warranty		Insurance Company	Warranty Number	Expiry Date
	Years	Months			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Send this completed Claim Form and all required documentation to:

helpucover Gadget and Mobile Phone Insurance Claims Department, Sentinel House, Airspeed Road, Portsmouth PO3 5RF

PLEASE CALL 0800 389 6998* FOR GUIDANCE IN COMPLETING THIS FORM OR IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM.

*Calls to 0800 numbers are free from a BT line and charges may vary from other providers.