## Checklist

Please remember to:

- 1. Fully complete the Claim Form
- 2. Date and sign the Claim Form
- 3. Send the completed Claim Form together with the following information:

A copy of your police report

- ☐ Receipt(s) for any registered lost or stolen property
- Written repair estimate(s) or receipt(s) for completed repair(s)

### DECLARATION - TO BE SIGNED BY THE POLICYHOLDER FOR ALL CLAIMS

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 the policy. If you are in any doubt 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 declare that the information I have provided in this claim form is true to the best of my knowledge. Any claim paid as a result of any knowingly incorrect statement made by me or on my behalf shall be invalid and may result in subsequent action being taken against me. I agree that any copy made of this form shall have the validity of the original.

Signature	 Date

### DATA PROTECTION NOTIFICATION

The details you supply will be used by Allianz Insurance plc to administer your insurance cover. Your personal details may be transferred outside of the EU. 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 exchange 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. You are entitled to a copy of all the information we hold on you, for which we may charge you £10.00. Please contact: The Data Protection Co-ordinator, Allianz Schemes, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey GU1 1DB.

### **FRAUD**

If the insured or anyone acting on behalf of the insured makes a 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 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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Send this completed Claim Form and all required documentation to:

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

Please call 0800 389 6998 for assistance in completing this Claim Form or if you have any questions about your claim.



Policy No.:

# Theft, Loss and Damage Claim Form

OFFICE USE ONLY

## Important Information About Filing This Claim

You must notify helpucover Gadget and Mobile Phone Insurance and the police within 24 hours of discovering a loss, theft, or damage.

The provision of this form does not constitute approval of your claim

 The member must obtain a report or lost property receipt from the Police to confirm any loss. A full Police reference number, address and telephone number of the police station where the report was made is required.

Time of Incident:	:	
Date of Incident:		Claim No
Place of Incident	t:	LCN No
YOUR DETAILS	S	
Your title:	Mr ✓ Mrs ✓ Miss ✓ Ms ✓ Other title	
Your first name(s)	):	
Your address (wh	nere we can write to you):	
Vour postoodor		
Your telephone n	umbers (please include your dialling code)	
Home:		
Work:		
Your email addres	ess:	
POLICE INFOF	RMATION — If applicable	
(a) Report Numb	per:	
(b) Police Station:	:	
	n Tel. No:	
(c) Folice Station	1 16i. NO.	
(d) Police Office I.	.D. No:	
Has anyone been	n apprehended in connection with the loss/theft?	

Please provide a copy of Police report showing full details of the loss.

## Property Lost, Stolen, or Damaged

Please complete with the details of the registered items being claimed for.

Registered Item	Description	Serial and/or IMEI No. (If applicable)	Purchase Price (£)	Date of Purchase
TOTAL AMOUNT CLAIM				£

Please send with this form all purchase receipts for items claimed as listed above.

## Property Lost, Stolen, or Damaged

Please complete with the details of the unregistered items being claimed for.
Unregistered items can only be claimed if they are less than 3 years old at incident date.

Unregistered Item	Description	Serial and/or IMEI No. (If applicable)	Purchase Price (£)	Date of Purchase
TOTAL AMOUNT CLAIM			£	

Please send with this form all purchase receipts for items claimed as listed above.

## **CIRCUMSTANCES**

Lost/Stolen □	Accidental Damage 🚨				
When was the lo	ss/theft/damage discovered?	Time		Date	
Circumstances o	f the loss/theft/damage:				
Where was the p	roduct at the time of the incident?				
	in relation to the product?				
IF THE ITEM WA	S STOLEN FROM ANY OF THE FOLLOW	VING, PLEASE COMPL	ETE THE APPR	OPRIATE SECTION	
A - Unattended	motor vehicle				
Location of the m	notor vehicle at the time of the incident _				
How did the thief	gain entry to the vehicle?				
Please detail the	extent of damage to the vehicle				
Where within the	vehicle was the item at the time of the in	cident?			
Were all security	devices working and activated?				
Make/model of v	ehicle				
B - Residence					
Address of prope	erty				
How did the thief	enter and exit the premises?				
Were there any s	igns of forced entry to the building? If so	please provide details.			
					·
Please forward e	vidence of forced entry to the above prop	perty resulting in damag	e - for example,	a copy of the police report, bill for the	repairs
ADDITIONAL DE					
	usly made a claim for loss or theft of an ite e details				
Do you have any	other insurance, under which you could	claim for this item?	☐ Yes	□ No	
	vide the following information:	-	-		
Insurer's name:					
Insurer's address	::				
Have you made a	a claim against the above Insurers for this	nroduct?	☐ Yes	□ No	