



DAMAGE CLAIM FORM

Customer Information				
Customer Name:		Customer Account No:		
Customer Phone:		Customer Email:		
Customer Service Address:				
Claim Information				
Date Damage Occurred:		Time Damage Occurred:		
Claim Details:				
<hr/>				
Item	Make/Model	Age	Purchase Price	Repair or Replacement Cost
<i>Total</i>				

Name: *Signature:* **Date:**

INTERNAL USE ONLY	
Claim Received By:	Date:
<p>Internal Notes:</p> <hr/>	

Please note: All claims must be filed within 10 business days of the incident. Submission of this form is not a guarantee of payment. You will be notified of the findings within 15 business days.