

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:				
Item	Make/Model	Age	Purchase Price	Repair or Replacement Cost
Total				

Name:	Signature:	Date:
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INTERNAL USE ONLY	
Claim Received By:	Date:
Internal Notes:	

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.