

## For claimants submitting Claim Affidavit and Identification

Uses the links to access specific requirements for the following documents:

[Claim Affidavit](#)

[Identification Documentation](#)

# FAX COVER SHEET

Attn: We frequently receive faxes that are too dark to read. Please avoid this problem by making sure your documents are not too dark when faxed.

To:	Claims Documentation Processing
Fax:	1-877-595-1399
Re:	Verizon Claims Processing

From (First & Last Name) Required

Contact Phone: Required

Fax Date:

Fax Pages (incl cover):

Claim Number Required

Wireless Phone Required

(Number on claimed handset)

## IMPORTANT PROCESSING NOTE:

Asurion is committed to providing fast and accurate service. We will call you within 24 hours at the contact number above to inform you when we have successfully received and processed your documentation. It may take another 1 - 3 business days to review the documentation and reach final resolution for your claim. Asurion will process your faxed documents within 24 hours. If you have questions or want to check the status of your claim, please do so after allowing us the 24 hours to process your documents. Call 1-888-881-2622 if you have questions about the documentation requirements.

**Please send this fax coversheet and all attending documents**



Claims Documentation Processing  
 648 Grassmere Park Dr. – Suite 200  
 Nashville, TN 37211

### Claim Affidavit

**A person who knowingly presents a false or fraudulent insurance claim for coverage of a loss is guilty of a crime and may be subject to fines and confinement in prison. When fraud is discovered, Asurion takes appropriate steps to stop such fraud and explore all of its available legal remedies.**

**3 STEPS TO COMPLETING THE FILING OF YOUR CLAIM:**

1. **FILL OUT THIS FORM COMPLETELY. THE INSURED PARTY MUST SIGN THIS FORM.**
2. **ATTACH A COPY OF A GOVERNMENT ISSUED PHOTO IDENTIFICATION (SEE BELOW FOR ACCEPTABLE ID'S)**
3. **RETURN COMPLETE FORM TO ASURION BY FAX TO 877-595-1399 OR AT THE ABOVE ADDRESS**

**Section I: Claimant Information**

Claim ID:	Wireless Phone # - -	Wireless Carrier: <b>Verizon Wireless</b>
Insured's First Name:		Insured's Last Name:
Daytime Phone Number:		Evening Phone Number:
Address:		Email Address:
City:	State:	Zip Code:

**Important:** Please clearly write your contact information as Asurion will proactively call you to confirm that we received and processed your fax.

**Section II: Describe Wireless Equipment & Occurrence**

Manufacturer:  (i.e., Motorola, LG, Blackberry, etc.)	Model Name and Number:  (i.e., Razr, ENVY, Chocolate etc.)	ESN or MEID (Required):  ESN=8 or 13 digit # or MEID=14 digit # found behind battery, on box equipment came in, or contact VZW
Check one - The phone was..... Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Malfunction <input type="checkbox"/>		
Date of Occurrence:		Place of Occurrence:
Provide detailed description of the cause of loss, damage or malfunction:		

**If the phone is damaged or malfunctioning, you are required to return it to Asurion upon receipt of the replacement phone.**

**Section III: Please Attach a Copy of a Government Issued Photo ID**

Type of Photo ID: Drivers License <input type="checkbox"/> Passport/Visa <input type="checkbox"/> Military <input type="checkbox"/> Other U.S. Govt./State-issued ID <input type="checkbox"/>
ID Number:

**Section IV: Claim Agreement**

I hereby make an insurance claim against the insurance company as shown on this insurance claim affidavit. I agree that if any property included in this claim that is replaced or paid for by the insurer is recovered at any time, it shall become the property of the insurance company and shall be returned to the insurance company. I understand that if I fail to return such property, I authorize that a non-return fee of up to **\$300** be charged under the insurance policy to the method of payment used to originally file this claim.

**I swear/affirm that the wireless phone I am claiming is owned by me and is on file with my wireless carrier and that the information provided above is true and accurate. I understand that any false or misleading statement herein is fraud and I may be found guilty of a crime. Asurion has, and will take all legal action possible in the event of a fraudulent claim.**

<b><u>INSURED SIGNATURE</u></b>	<b><u>DATE</u></b>
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For Office Use Only

All fields filled in:  Y  N      ESN correct in billing system:  Y  N      Government ID valid:  Y  N  
 Incoming Fax Number frequency alert:  Y  N      V1/Adjuster reviewed:  Y  N      Subscriber /authorized user:  Y  N

