
For claimants submitting Claim Affidavit and Identification

FAX COVER SHEET

Attn: We frequently receive faxes that are incomplete or too dark to read. Please avoid this problem by:

- 1) reviewing to ensure you have completed the entire document,**
- 2) signing the bottom and**
- 3) ensuring the documents are not too dark when faxed.**

To: MetroPCS Claims Documentation Processing

Fax: 1-866-306-2268

Re: MetroPCS claim documents

From (First & Last Name)

Required

Contact Phone:

Required

Fax Date:

Fax Pages (incl cover):

Required

Claim Number

Required

Wireless Phone

(Number on claimed handset)

Required

IMPORTANT PROCESSING NOTE:

Asurion is committed to providing fast and accurate service. We will contact you at the number you have provided above within 24 hours of receiving and processing your documentation.

To check the status of your claim, please visit **asurion.com** and click “**Check Claim Status.**” Please allow 24 hours for processing. You can then complete your claim online.

If you have questions about the documentation requirements, please call 1-866-862-3397.

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 state 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 AT THE ABOVE ADDRESS, OR FAX TO 866-306-2268

Section I: Claimant Information

Claim ID:	Wireless Phone # - -	Wireless Carrier: Metro PCS
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: <small>(i.e., Motorola, Nokia, Samsung, etc.)</small>	Model Number: <small>(i.e., Razr, Strobe, 2125 etc.)</small>	ESN or MEID(Required): <small>ESN=8 or 13 digit # or MEID=14 digit# found behind battery, or on billing statement, or contact carrier</small>
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"/> Resident Alien Permit <input type="checkbox"/> Passport/Visa <input type="checkbox"/> Military <input type="checkbox"/> US Military ID <input type="checkbox"/>
ID Number:	

Examples – The following are some examples of valid forms of photocopied personal identifications:

Drivers License	Resident Alien Permit	US or Foreign Passport	Matricular Consular	US Military ID Card
				

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 **\$100** 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.

Insured – Print Name	
INSURED SIGNATURE	DATE

For Office Use Only

All fields filled in: ___Y ___N ESN/MEID 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

