

For claimants submitting Proof of Loss or Identification

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:	1-866-302-8408
Re:	Alltel Claims Documents

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 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 1-866-862-3397 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 state prison. When fraud is discovered, Asurion takes appropriate steps to stop such fraud and explore all of its available legal remedies.

4 STEPS TO COMPLETING THE FILING OF YOUR CLAIM:

1. FILL OUT THIS FORM COMPLETELY (FAILURE TO DO SO MAY RESULT IN A DELAY IN THE PROCESSING OF YOUR CLAIM)
2. THE INSURED PARTY MUST SIGN THIS FORM IN THE PRESENCE OF A NOTARY
3. ATTACH A COPY OF A GOVERNMENT ISSUED PHOTO IDENTIFICATION (SEE BELOW FOR ACCEPTABLE ID'S)
4. RETURN COMPLETED FORM TO ASURION AT THE ABOVE ADDRESS, OR FAX TO 1-866-302-8408

Section I: Claimant Information

Claim ID:	Wireless Phone #	-	-	Wireless Carrier: Alltel
Insured's First Name:			Insured's Last Name::	
Daytime Phone Number:			Evening Phone Number:	
Address:				
City:		State:		Zip Code:

Section II: Describe Wireless Equipment & Loss

Manufacturer:	Model Number:	
<small>(ie, Motorola, Nokia, Audiovox, etc)</small>	<small>(ie, V400, 7610, 2500 etc)</small>	
Check one - The phone was..... Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Just Stopped Working <input type="checkbox"/>		
Date of Loss/Incident:		Place of Loss/Incident:
Provide detailed description of the cause of loss or damage:		

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 State-issued ID <input type="checkbox"/>
ID Number:				

I swear that the wireless phone I am claiming is owned by me and is on file with Alltel 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.

I hereby make claim against the insurance company as shown on this Claim Affidavit. I agree if the phone is damaged or malfunctioning to return it to the Alltel store upon receipt of the replacement phone. I further 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 Asurion. **I understand that if I fail to return such property, I will owe a non-return fee of up to \$300 to the insurance company.**

To eliminate and prevent future fraudulently filed claims, Asurion examines all phones when they are returned. If I have claimed a malfunctioning phone and rather my phone is found to no longer function due to damage, I will owe the required deductible as provided for in the policy. I understand that damage claims under the insurance program have higher deductibles than malfunction claims under the warranty program.

Insured – Print Name	SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____ 20____
INSURED SIGNATURE _____ DATE _____	NOTARY SIGNATURE: _____ NOTARY PHONE NUMBER: _____

THE INSURED PARTY MUST SIGN THIS FORM IN THE PRESENCE OF A NOTARY. ONCE NOTARIZED, THIS STATEMENT BECOMES A LEGALLY BINDING DOCUMENT.