

Geek Squad Claim Form

1800 806 200



Introduction

To assist you in making a claim we have outlined the steps you must follow and a checklist to ensure the process is as smooth as possible. Please note that claims decisions can take up to **48 hours** from us receiving all information requested.

Contact Hours	Mon – Fri:	09:00 – 18:00hrs	Sunday: CLOSED
	Saturday:	10:00 – 18:00hrs	Bank Hols: 12:00 – 17:00hrs

In the event of a successful Theft /Loss claim, if you recover your device you are required to return the device to your nearest Carphone Warehouse branch as required by our Terms & Conditions. To arrange this please call us on 1800 806 200 or email GeekSquadSupport-cpw-ie@cpwplc.com

What you need to do for Theft/Loss claims:

- If you have not already done so, contact your network to request the following:
 - Your mobile phone SIM is suspended. This will prevent anyone making calls on your account.
 - Your device is blacklisted (or barred). This will prevent anyone using another SIM Card in your handset.
- You must take this claim form to the Gardaí and request they complete Section B or furnish us with a Garda report form. For theft claims, an incident number will be required from the Gardaí (For theft or loss that occurred **outside** of Ireland you are required to contact the local authorities and provide evidence of this contact).
- You must complete the claim form. Failure to do so may result in a delay in processing your claim.

What you need to do for a Damage claim:

- Bring the device and the completed claim form into a Carphone Warehouse store. Do not dispose of the device.
- Your device will be assessed by an engineer who will attempt to repair it.
- The policy holder must complete the claim form. Failure to do so may result in a delay in processing your claim.

Checklist

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| • Network provider contacted to suspend SIM and blacklist handset | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Gardaí have completed Section B of Claim Form (theft/loss only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • All other relevant sections completed in full by policy holder | <input type="checkbox"/> | | |
| • Declaration (Section E) signed and dated by policy holder | <input type="checkbox"/> | | |
| • Proof of ID for policy holder and claim form presented at Carphone Warehouse retail store | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Customer Signature:

Employee Signature:

This is a legal document. It is a criminal offence to knowingly give false or misleading information. By signing this claim form you confirm the information is true to the best of your knowledge .

The Carphone Warehouse Ltd Ireland T/A The Carphone Warehouse is regulated by the Central Bank of Ireland.

Section A



Claim Type: Theft Loss Accidental Damage Intentional Damage

Section A / Customer Details

Title	First name
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Surname

Address

D.O.B.	Customer Number
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Policy Number	Contact Number
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IMEI / SERIAL	Date of purchase / /
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Network Provider if Applicable:	Mobile telephone Number
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Please provide the full details of the cause of the Theft/Accidental Damage/Loss/Intentional Damage
For Damage claims please also explain the extent of the damage/faults:

Who was using the device at the time of the incident? (policy holder, family, friend, other – please specify)

Approx. Time & Date of Incident?	AM/PM	/	/
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Accessories claimed for (Must have been purchased from Carphone Warehouse), please provide proof of purchase.

Yes No

Do you have any protection or Insurance that would also cover this claim?

Yes No

Section B / Theft - Loss (to be completed by An Garda Síochána)

THIS SECTION MUST BE COMPLETED BY AN GARDA SÍOCHÁNA.

Garda Number	Garda Station	Garda Stamp
This is to certify that		
Name		
Address		
Has reported to this station the Theft: <input type="checkbox"/> , Loss: <input type="checkbox"/> of equipment:		
For Theft or Loss please include the Incident Report Number:		

We have noted in our records the interest of the Underwriter in this property.

Section C / Theft - Loss

Have you reported this to your Network?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the device with the user? (In hand/pocket/bag etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the equipment in Ireland at the time of the Incident?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If No, please advise the country the equipment was in		
If abroad, please advise your dates of travel:	From: / /	to / /
Was the equipment stolen from a vehicle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Where in the vehicle was the device? (boot/seat etc)		
Was the vehicle locked at the time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was there a break in?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the equipment stolen from a property or building?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, was it a residence <input type="checkbox"/> Office/Work <input type="checkbox"/> other <input type="checkbox"/>		
If Your Vehicle or Property was broken into, can you provide documentary evidence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section D / Damage

Was the equipment in Ireland at the time of the Incident?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If No, please advise the country the equipment was in		
If abroad, please advise your dates of travel:	From: / /	to / /

Section E / Declaration to be completed by the Policyholder:

I/We declare the particulars given on this form are true and correct, and that I/we have completed this form myself/ourselves. I/We agree that you may take proceedings at your own expense and for your own benefit, in my/our name or in the name of any other person covered by this agreement to recover any payment you have made under the agreement from anyone else. I/We agree that any equipment replaced becomes your property and should it be found or returned I/We will return it immediately to you. I/We may be required to agree that the Carphone Warehouse may contact my/our airtime provider to confirm the date and time that the handset was reported as lost/stolen or that the IMEI number was blacklisted.

Signed:	Name:	Dated: / /	Employee Signature
			Branch No.

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