

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 provider to request the following:
 - Your device 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 device.
- 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 and loss 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. If you do not adhere to this, or the procedure for making a claim outlined in your terms and conditions, you may not be covered or the cover you receive will be limited.

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 | DATE |
|--|--------------------------|--------------------------|--------------------------|----------------------|
| • Network provider contacted to suspend SIM and blacklist device (theft/loss only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| • 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"/> | | | |

Remember: You will need to provide your name, address, date of birth and the policy number shown on your certificate.

Customer Signature:	Employee Signature:
<input type="text"/>	<input type="text"/>

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 .

Geek Squad insurance policies are underwritten by Aviva Insurance Ireland Designated Activity Company, trading as Aviva, is regulated by the Central Bank of Ireland. A private company limited by shares. Registered in Ireland No. 605769. Registered Office: One Park Place, Hatch Street, Dublin 2, Ireland, D02 E651. The Carphone Warehouse Limited trading as The Carphone Warehouse is regulated by the Central Bank of Ireland. The Carphone Warehouse Limited, registered in Ireland, No. 237397, with registered office at 39-40 Upper Mount Street, Dublin 2.



Claim Type:

Theft

Loss

Accidental
Damage

Breakdown

Section A / Customer Details

Title	First name
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Surname

Address

Date of Birth	Customer Number
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Policy Number	Contact Number
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IMEI / SERIAL Number	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/Breakdown For Damage claims please also explain the extent of the damage/faults:
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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)	Yes <input type="checkbox"/> No <input type="checkbox"/>
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What accessories are you claiming for?
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Do you have any other protection or Insurance that would also cover this claim? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Which company provides this protection/insurance?

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 device:		
For Theft or Loss please include the Incident Report Number:		

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

Section C / Theft - Loss

Was the loss of the device intentional? (eg. thrown into a river)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What date and time was the device last used?		
What was the device last used for? (eg. to make a call)		
Have you reported this to your Network Provider?	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 device 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 device 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 device 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"/>
If evidence of break in cannot be supplied, please advise why		
<p>Your insurance policy covers you for up to €2,500 for the unauthorised use of your SIM card, subject to your claim for loss/theft being accepted.</p> <p>To claim for unauthorised use, please;</p> <ol style="list-style-type: none"> 1. Notify your network provider of the loss or theft within 24 hours of discovering your device missing. (They will block your SIM card, so it can no longer be used; and 2. Provide us with: <ol style="list-style-type: none"> a. An itemised bill from your network provider which clearly shows the unauthorised use and the costs incurred on your pay monthly contract. We may also request previous itemised bills from you; or b. If you have a pay as you go arrangement, you must provide evidence from your network provider of the credit available at the time of loss or theft, or proof of your most recent top ups. <p>The above information can be emailed to GeekSquadSupport-CPW-IE@cpwplc.com, or alternatively, you can send a copy to: Geek Squad Claims Team, 3rd Floor Office Suite, Omni Park Shopping Centre, Santry, Dublin 9.</p>		
Do you have unauthorised use that you are claiming for?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



Section D / Damage		
Was the damage to the device intentional? (eg. thrown against a wall)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the device in Ireland at the time of the Incident?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If No, please advise the country the device was in		
If abroad, please advise your dates of travel:	From: / /	to / /

Section E / Declaration to be completed by the Policyholder:	
<p>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 Carphone Warehouse may take proceedings at their own expense and for their own benefit, in my/our name or in the name of any other person covered by this agreement to recover any payment Carphone Warehouse have made under the agreement from anyone else. I/We agree that any device replaced becomes Carphone Warehouse property and should it be found or returned I/We will return it immediately to Carphone Warehouse. I/We may be required to agree that the Carphone Warehouse may contact my/our network provider to confirm the date and time that the device was reported as lost/stolen or that the IMEI number was blacklisted.</p>	
Signed:	Employee Signature
Name:	Branch No.
Dated: / /	