

Theft Claim Form = iPad/Tablet PC

Please note that the proper completion of the claim form is a condition for examining your claim.

Dear Policyholder

We would now ask that you complete this claims form in full and ensure you complete the following activities:

For all claims:

- Include original proof of purchase of the item.
- Provide to us copies of any other insurance covering this item for example travel or household contents insurance.
 - Police authorities must be notified within 72 hours following the discovery of the incident and obtain a crime reference/lost property number and a copy of the police crime report.
 - Your network provider should also be contacted within 24 hours following discovery of the incident to place a call bar on your mobile phone.
 - In addition, as of 1/11/2018, you MUST have on your phone a downloaded tracking app (such as Google Find My Device App, Find My iPhone App, Samsung Find My Mobile) be operational and have under Settings LOCATION ON. You also must be able to access via internet your respective account and provide/show/locate your mobile phone that we may request and that is relevant to your claim. To locate the mobile phone it must be turned on, have mobile data ON and have at least a 3G connection and your SIM card plugged into your mobile phone.
- Please ensure you provide the day time contact number and email address on the claim form as this will help to speed up your claim assessment where further information or clarification may be needed.

Please note we share claims information with other insurers, networks and fraud prevention agencies. By signing your claim form you consent to the processing and transfer of information.

Where possible we aim to assess claims within 2 working days of receiving your fully completed claim form, and where applicable, policy excess and any supporting evidence as requested by the claims assessors. You will be informed by the claims assessor if additional information or documentation is required in support of your claim.

All calls to our office are recorded and may be used as part of the validation process in assessing your claim.

Yours sincerely

Progressive Insurance Co. Ltd

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Please ensure ALL questions applicable to your claim are answered in full and in block capitals.

Policyholder Name:

Policy Number:

Address:

Occupation:

Date of birth: / /

Make & Model:

IMEI/Serial number:

Daytime Contact number:

Email Address:

Colour & memory size (eg, black 32GB):

Network:

Please see terms and conditions for perils covered under your specific policy

Have you ever been refused similar insurance elsewhere or had your policy cancelled by the insurer: YES/NO

Please provide details:

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Date and time of Incident: / / (AM/PM)

Please provide details below of **WHERE** and **HOW** the incident occurred - (if required please use a separate sheet and where someone other than the policyholder was in possession of the item at the time of the incident, please provide their name, address, relationship to the policyholder and date of birth)

Please state precisely where the item was situated immediately prior to the theft:

If the theft was from an item of clothing or a bag, please advise where this was located immediately prior to the theft:

If the theft was from a motor vehicle, please advise exactly where the item was located in the vehicle, how entry to the vehicle was gained and confirm if the vehicle was locked:

To prevent delays in processing your claim, please ensure that you include proof of break-in to either your vehicle or premises from where the item was stolen. These should be in the form of ORIGINAL estimates and invoices for repairs carried out.

If your item has been stolen, please confirm the following:

Date reported to the police: / /

Police Crime Reference Number or Lost Property Number:

Name and address of Police Station:

Tel.number:

Time Reported:

Declaration

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via an anti-fraud register. In the event of a claim, the information you have supplied may be placed on a register and made available to participants. I declare that to the best of my knowledge and belief that the answers given above are true and that if someone has completed this form on my behalf that I have checked and agree to all details submitted. I understand that if I have knowingly made a false representation, the claim will be invalidated. I authorise Progressive Insurance Co. Ltd to collect the policy excess from the credit/debit card details below and to make any enquiries and obtain any information that they consider relevant in assessing the claim.

I confirm that if appropriate the item I am claiming for has been blocked with the network. If upon further investigation Progressive Insurance Co. Ltd find that no block has been applied, written confirmation will be required from my network to be able to proceed with the claim.

We may appoint a Fraud Investigation Agent as part of our standard procedure to help assess your claim. Claims may be specifically selected or selected at random.

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I understand that this form must be fully completed and returned within **15** days of making the claim.

Signed _____

Date: / /

Name (print) _____

Please complete the below to enable us to collect your policy excess by credit/debit card

Card No. _ _ _ _ _

Expiry Date _ / _ issue no.

PIA* _

Policy Excess Applicable: As per policy terms and conditions

*(this is the last 3 digits of the security number on your signature strip)

Return this claim form to:

Progressive Insurance Co. Ltd at the email address: miclaims@progressiveic.com

Before returning the completed claim form, please ensure you have:

- *completed the claim form in full and signed it (including a day time contact number and email address (where available))**
- *completed the policy excess section**
- *enclosed any other evidence in support of your claim**
- *enclosed other insurance documentation**
- *enclosed proof of purchase**

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