

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:

If your wireless equipment was lost or stolen and you completed a police report, you can fax a copy of the completed police report along with a government issued ID in place of this notarized proof of loss claim affidavit. Please be sure to write your wireless phone number and claim ID number on the police report prior to faxing it to us.

1. FILL OUT THIS FORM COMPLETS 2. ATTACH A COPY OF A GOVERN 3. MAIL COMPLETE FORM TO ASU	MENT ISS	SUED PHOTO IDE	NTIFICATION (SEE BELO	W FOR ACCEPTABLE ID'S)
Section I: Claimant Informat	tion			
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:
Section II: Describe Wireles	s Equip	ment & Occui	rrence	
Manufacturer:	<u> </u>	Model Number:		ESN or MEID (For damaged/malfunctioning):
(i.e., Motorola, Nokia, Samsung, etc.)		(i.e., Razr, Strobe, 2125 etc.)		ESN=8 or 13 digit # or MEID=14 digit# found behind battery, or on billing statement, or contact carrier
Check one - The phone was	Lost	Stolen _	Damaged	Malfunction
Date of Occurrence:	Place	of Occurrence:		
Provide detailed description of the cau	ise of loss	, damage or malfu	nction:	
If the phone is damaged or malfund	tionina. v	ou are required t	o return it to Asurion upo	n receipt of the replacement phone.
		•	•	
Section III: Please Attach a Type of Photo ID: Drivers Lice				Other U.S. Govt./State-issued ID
ID Number:		1 assport vis	a Willitary	Other 0.3. Govt./State-issued ID
ID Number.				
included in this claim that is replaced of and shall be returned to the insurance be charged under the insurance policy I swear/affirm that the wireless pho	inst the in or paid for company to the me ne I am cl e. I under	by the insurer is re I understand that ethod of payment u laiming is owned restand that any fa	ecovered at any time, it sha t if I fail to return such prope used to originally file this cla by me and is on file with the or misleading stateme	my wireless carrier and that the information ent herein is fraud and I may be found guilty
Insured – Print Name				ORN TO BEFORE ME ON THIS20
INSURED SIGNATURE		DATE	NOTARY SIGNATURE:	Notary Signature And
			NOTARY PHONE NUMB	Lincole It/Lerraria Arrona and a serial Liliana
All fields filled in:YN Proof of Ownership included:Y Proof of ownership type:Contract	_N In	SN correct in billing coming Fax Numb	office Use Only g system:YN er frequency alert:Y ent billUPC Bar code	Government ID valid:YN _N V1/Adjuster reviewed:YN Subscriber /authorized user:YN Notary called and verified:YN

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