

Asurion Documentation Process Instructions **DO NOT FAX THIS PAGE**

REQUIRED Steps to Complete Your Claim

1	Fill out the Claim Affidavit, being sure to sign the document.
2	Attach a photocopy of a Valid ID (See Examples of Valid IDs below)
3	Upload your documents to http://www.phoneclaim.com/metropcs-uploader or Fax to 1-866-306-2268
4	Please visit phoneclaim.com/metropcs once your claim is completed to check the status of your claim.

Examples of Valid Personal Identification

Student IDs, work IDs, birth certificates and Social Security cards **are not** acceptable as valid identification.

If a minor, please send ID of parent or legal guardian.

Drivers License	Federally Issued ID Card	US or Foreign Passport	Matricula Consular ID	US Military ID Card
				

Important Reminders to prevent delays in processing your claim:

- Please handwritten your 8 digit Claim ID number on your ID copy before faxing
- Name on the ID must match name of the account holder or one of the authorize users on the carrier's account.
- All forms of identification must be legible, unaltered, and legitimate
- The ID cannot be expired. If the ID appears altered, forged, or not legitimate, we will not be able to proceed with your claim.
- Increasing the size of the ID **and** lightening before faxing assists with the review of your documents. Black and white copy preferred.
- Please fax all documents together and ensure that all information is legible before faxing. An illegible claim number or wireless phone number or missing page could result in a delay in processing your claim.

How to identify your Device Manufacturer, Model and ESN/MEID/IMEI

1. Remove the back cover and battery of your phone/device (if applicable). The manufacturer, model and ESN/MEID/IMEI should be listed near the barcode on the back of the phone/device.
2. If you do not have the phone/device or have a phone/device with a non-removable battery, please check the following to capture the **ESN/MEID/IMEI**
 - Receipt from the purchase of the phone/device
 - Your service agreement or recent copy of your bill
 - The box the phone came in
 - If none of these items are available please contact your wireless carrier for the ESN/MEID/IMEI

Once your claim is ready for completion or to check the status of your claim, please visit www.phoneclaim.com/metropcs

You may call Asurion at 1-866-862-3397 if you have questions regarding these instructions or affidavit form.

Sworn Claim Affidavit

ALL FIELDS ARE REQUIRED AND MUST BE FILLED IN (PLEASE PRINT) USING BLUE OR BLACK INK.

	Upload Documents at http://www.phoneclaim.com/metropcs-uploader	Fax Documents to: 1-866-306-2268	Mail Documents to: Asurion Attn: Review Team PO Box 413886 Kansas City, MO 64141-3886 Note: If mailed, the claims process will be dependant on the timeline of mail delivery and will take longer to complete your claim than faxing.
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IMPORTANT LEGAL NOTICE: A person who knowingly presents a false or fraudulent insurance claim with the intent to injure, defraud, or deceive any insurer is guilty of a crime and may be subject to fines and confinement in prison. When fraud is discovered, Asurion takes appropriate steps to stop such fraud and explores all of its available legal remedies.

Claim ID#:

Wireless phone number: ()

1. Personal Information of Account Owner:

First and Last Name: _____

Daytime Phone Number: _____ Evening Phone Number: _____

E-mail address: _____

Important: Please clearly write your E-Mail address, as Asurion will proactively contact you to confirm that we received and processed your documents. Your email address will **only** be used for claim updates and information.

Home Address: _____

City: _____ State: _____ Zip Code: _____

2. Equipment and Claim Details

Device Manufacturer(Ex. Motorola, Kyocera, Nokia, etc.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Model (Ex. RAZR, R450, Finesse, etc.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ESN/MEID (up to 18 digits, found under battery) :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Check **one (1)** of the following – Your phone/device was... ☐ Lost ☐ Stolen ☐ Damaged ☐ Malfunctioning

Date of occurrence : _____ Place of occurrence: _____

Detailed description of what happened to your phone: _____

3. Attach Photocopy of Your Valid Government Issued Photo ID

4. Claim Agreement

I hereby make an insurance claim against the insurance company as shown on this insurance claim affidavit. I acknowledge that if any property which is the subject of this claim and which is replaced or paid for by the insurer is recovered at any time, it is the property of the insurance company and must be returned to the insurance company. I understand that if I fail to return such property, I am subject to, and authorize a non-return fee of up to \$300 to be charged under the insurance policy using the method of payment used to originally file this claim.

I swear/affirm that the wireless phone I am claiming is owned by me and that the information provided above is true and accurate. I understand that any false or misleading statement made herein is fraud and I may be found guilty of a crime. Asurion has, and will take all legal action possible in the event of a fraudulent claim.

Signature: _____ **Date:** _____

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