

Extended Warranty Insurance



Details of the C	ard Holder
Full Name	
Address	
Telephone (home)	Telephone (business)
E-mail Address	Date of Birth /
Occupation	
Card Type	Issued by which bank
Name on Card	
In order to protect your c	redit card information please do not provide your full credit card number in this claim form, or with any of ints.
7	
Claim Details Product	From / Date of loss /
Describe the problems	you are having with the unit
	wing to Your Purchase Cover Loss Report
The original itemise	
	ement showing the purchase
	ufacturers Warranty for the purchased item
Quotations for repo	air of damaged items. Where appropriate a report on the items condition



Во	ank		Branch			Country				OFFICE USE	Bank
A	ccount De	etails								a/c check	
Во	ank	Branch	Ad	count No.			Suf	fix			
	Payee Sig	nature		Po	ayee Name						
				Er	mail: Address	S					
Α	G no long	ger issues cheques.	To confirm to	ansfer of fu	nds, an auto	email will b	e sent dir	ectly to yo	วบ		
De	clarati	on and Prive	acy Cor	nsent							
/we	(print nan	nes)									
Zeal	and Limited	e above answers and d (AIG) may rely or	n such answe	ers in determ	ining a claim	ı. I/we hav	e not conc	ealed any	y materi	al fact relating to	o this
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Important Information

- You will need to attach substantiating documents as specified in this claim form.
- Failure to provide substantiating items may result in delays in processing your claim. If it is impossible to provide any of the items required please advise the reason.
- The issue of this form is not an admission of liability and is without prejudice.



