INSURANCE ONLINE CLAIM FORM



In order for us to lodge your insurance claim, we need to obtain some specific information. Please complete the Online Claims Form and return to Risk Insure via post, fax or email.

Risk Insure will assess your claim and contact you via phone/email in order to progress your claim within 2 business days.

IMPORTANT:

Please note that if you do not supply all relevant information requested in this form, processing of your claim may be delayed.

Section One			
PERSONAL DETAILS - Ins	sured Customer		
Title			
Full Name			
Postal Address			
Postal Suburb		Post Code	
Day Time Contact Number	()		
Alternate Contact Number	()		
Email Address			
Would you like to authoris	se another person/s on your insurance claim?	? YES	NO
Authorised Person/s Details	Full Name: (Mr/Ms/Miss) Relationship: Contact Number/s:		
Authorised Person/s Details	Full Name: (Mr/Ms/Miss) Relationship: Contact Number/s:		

Section Two						
POLICY DETAILS						_
Mobile Service Provid	Please Circle) Telstra / Optus / Vodafone / Three / Virgin / Other					
Insured Mobile Service Numb	· ·					
Insured Mobile IMEI Numb	er					
or Tablet Serial Numb	er					
You can locate the IMEI via your contract, purc	nase receipt, origi	nal packaging/l	oox, dialling *#(06#, on your SIM tray or under y	our battery at the ba	ick of your handset.
Insured Mobile/Tablet Make						
Insured Mobile/Tablet Mode						
Insured Mobile/Tablet Colour						
Are you the u	ser of the	YES	NO	If NO please su	nnly helow I	Iser Details
Insured Mobil	e/Tablet?	123	110	II NO picase su	If NO please supply below User Det	
		Full Name: (Mr/Ms/Miss)				
Mobile/Tablet Us	er Details	Relationship:				
		Contact Number/s:				
If the Mobile/Tablet end user is under 18 years old the claim will need to be submitted by the legal guardian.						
Has the Mobile/Tablet e	ver been r	epaired o	r replaced	d under warranty?	YES	NO
Please attach your wa	rranty docume	nts to the Cla	im Form, if yo	ou fail to do so your claim n	nay be delayed.	
Section Three						
INCIDENT DETAILS - [amaged	Mobile	/ Tablet	•		
Date the Mobile/Tablet was damaged: Please provide DD/MM/YYYY						
Time the Mobile/Tablet was	damaged:				AM / PN	M (please circle)
How did the damage occur?						
Please provide a specific and						
detailed explanation of how the damage occurred.						
Failure to provide specific and						
required detail may result in your claim being rejected or delayed						
16						
If you do not have sufficient space to complete your explanation of						
damage please use a separate piece of paper and attach to your						
Claim Form.						

INCIDENT DETAILS - Damaged Mobile/ Tablet Continued			
Please detail the			
damage / faults			
occurring with your			
Mobile/Tablet			
Wobite, Tablet			
Example: screen cracked,			
turns off intermittently, can			
not hear audio			
Please list all faults / damage to ensure correct assessment			
of the device.			
Does the mobile/tablet switch on? YES NO			NO
	·		
Has the mobile/tablet ever sustained liquid damage?		YES	NO
Has the mobile/tablet ever sustained physical damage?		YES	NO
What mobile service nur	mber was in the handset at the tim	ne of damage?	
If your device has not suffered	d any physical or liquid damage; You are er	ntitled to the free 24 months	s manufacturer's warranty.
Risi	k Insure will not accept claims that fall und	der manufacture's warranty.	
Section Four			
INICIDENIE DETAILS		1.1	

Section Four			
INCIDENT DETAILS - Lost or Stole	n Mobile / Tablet		
What incident has occurred?	LOST	STOLEN	
Exact date the device was lost/stolen: Please provide DD/MM/YYYY			
Exact time the device was lost/stolen:		AM / PM (please circle)	
We require a detailed time line of your incident of loss / theft			
Before your theft/loss what was the last date & time you saw your device?		Please provide DD/MM/YYYY	
		AM / PM (please circle)	
What Mobile Service Number was in the device at the time of theft/loss?			
Was there anything else stolen/lost?			

INCIDENT DETAILS - Lost or Stolen Mobile / Tablet Continued				
How did the theft/loss occur?				
Please provide a specific and detailed				
explanation of how the theft/loss occurred.				
Failure to provide specific and required				
detail may result in your claim being rejected or delayed				
If you do not have sufficient space to				
complete your explanation of theft/loss				
please use a separate piece of paper and attach to				
your Claim Form.				
Was the device in you	r possession at the time of theft/loss?	YES	NO	
was the device in your	possession at the time of their/loss:	TLS	140	
If NO please provide details of				
who was in possession of the device and why?				
Have your requested your IMEI to				
be blocked?	YES	NC)	
A Police Report Number is required for all lost/stolen claims; if it is a criminal offense a hard copy police report will be required.				
Police Reference Number				
Police Station Reported at?				
Date Police Report was made?		Plea	se provide DD/MM/YYYY	
Have you had your SIM replaced?	YES	NO		
What date and time was your SIM		Plea	se provide DD/MM/YYYY	
replaced?	AM / PM (please circle)			

Section Five

IMPORTANT INFORMATION

Please note all insurance claims have an applicable excess. Please refer to your Product Disclosure Statement for the applicable excess. Do not send any excess with this form; all excess payments will be collected at the approval of the claim.

If you are utilising email to communicate with Risk Insure please check your junk mail filters and ensure Risk Insure emails are not filtered incorrectly.

If you are on Risk Insure's monthly policy option/s you will need to ensure that your Mobile Service Account has been paid in full before Risk Insure will entertain your claim. Your policy details will also be checked directly with your Mobile Service Provider.

If you are an annual policy via Epay or Phone Insure please make sure you have registered your policy on the www.phoneinsure.com.au website.

LEGAL DECLARTION

Risk Insure exercises utmost good faith. If at anytime during the claims process it is suspected that anyone is attempting to defraud the insurer, Risk Insure will instigate legal action to prosecute those responsible for fraudulent activity and involve the Australian Federal Police and other relevant Australian Authorities.

I PRINT FULL NAME HERE declare that the information I have supplied in this claim

SIGNITURE OF CLAIMANT DD/MM/YY

form is true in every respect

Please forward your completed Claim Form and attached documents where applicable to the below options:

Post	Mobile Claims PO Box 7087 Hutt Street Adelaide SA 5000
Email	mobileclaims@riskinsure.com.au
Fax	(08) 8232 5411

Please allow 2 working days for your claim to be progressed and for your Case Manager to contact you and advise of the next steps. If you have any questions please contact Risk Insure Claims Team on 1300 303 774 Monday – Friday 08:30am – 06:00pm EST, closed national public holidays and weekends.