

BLOCK CAPITALS PLEASE

Name

Title	First Name
-------	------------

Surname

Policy Number or Mobile Phone Number
(detailed in your Policy Schedule)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Please ensure that you provide a contact number to enable us to arrange delivery of the device.

Home Address	Delivery Address If Different
--------------	-------------------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Contact Tel. No.	Contact Tel. No.
------------------	------------------

Contact Email address

Do you wish to authorise a 3rd Party to act on your behalf? If so add name and contact no.

Authorised Name & Contact No

When did the loss/theft/damage occur?

<input type="text"/>	a.m. or	<input type="text"/>	p.m. on the	<input type="text"/>	day	<input type="text"/>	month	<input type="text"/>	year
----------------------	---------	----------------------	-------------	----------------------	-----	----------------------	-------	----------------------	------

Where did the loss/theft/damage occur?

<input type="text"/>

Please state fully the circumstances/ cause of the loss/theft.damage (inclusion of all details is essential in order to process your claim)

<input type="text"/>

<input type="text"/>

<input type="text"/>

<input type="text"/>

Device details:

Make:	Model:
-------	--------

Registration/IMEI (usually found under the battery):
--

If your device is damaged, please include it, removing any SIM or SD memory card, when sending this claim form to Mobilecover.

If your Mobile Phone/Smart Phone/iPhone has been lost or stolen, please include written confirmation from your Mobile Network Operator, stating the time and date that your SIM card was suspended and your device blacklisted. Please include the appropriate excess payment as detailed in your Policy Schedule to ensure prompt settlement of your claim.

Payment can be made by (a) Cheque/Postal order (made payable to Zurich Insurance plc) (b) Credit/Debit Card, this will be collected when the claim has been approved. Please return this form together with payment to Mobilecover, PO Box 11140, Dublin 2 or email to info@mobilecover.ie or fax the form to (01) 676 7718

I understand that during the repair process it will be necessary to reset the handsets memory, which will result in the loss of data including messages, photographs, information and content.

I acknowledge that it is my responsibility to remove any personal, messages, information or content (including games, ringtones, pictures, videos, apps etc.) and to ensure that any such data is backed up before the handset is submitted for possible repair.

In regards to damaged Apple iPhones, a feature of the software is the option to set the device to "Find my iPhone" so if the device is lost, it can be traced. If "Find my iPhone" is activated on a device when it is sent for repair then a repair cannot be processed due to Apple security measures in the iPhone. Failure to deactivate this option from this phone will result in delays in processing an iPhone repair. I confirm I have turned off "Find My iPhone".

Declaration

I declare that, as far as I know, the information I have given is true.

I understand that Mobilecover Ltd and Zurich Insurance plc may record telephone calls for security and training purpose, for fraud or crime prevention and to ensure the highest level of service.

Claimant signature:

Date:

Garda Report Form

To: Zurich Insurance plc

Name:

Reported to this station on this date the loss/theft of the device specified above.

Name of Garda (printed):

Garda Stamp:

Signed by Garda:

Please return this fully completed claim form and supporting documentation: Mobilecover.ie, PO Box 11140, Dublin 2 or Email: info@mobilecover.ie or Fax: (01) 676 7718

Mobilecover Insurance is arranged by Mobilecover Ltd. Mobilecover Ltd. is regulated by the Central Bank of Ireland
Policy cover is underwritten by Zurich Insurance plc. Zurich Insurance plc is regulated by the Central Bank of Ireland

DATA PROTECTION

Zurich Insurance plc ('Zurich', 'we', 'our', 'us') will hold your details in accordance with our Privacy Policy together with all applicable data protection laws and principles.

The information you supply to us, including personal data ("Data") as part of this claim is required by us to handle your claim, prevent and detect fraud as well as generally take any steps in order to fulfil our contract with you and comply with our legal obligations.

We may also obtain information about you from third parties such as your broker (if you have engaged with us through one), claims service providers (including private investigators) and insurance industry and government bodies for the purposes described above. In addition, we may check your details with fraud prevention agencies, as well as against industry databases such as InsuranceLink (for more information see below).

To assist us in handling your claim and prevent/detect fraud, we may share your data (where appropriate/applicable) as follows:

- With business partners, suppliers, sub-contractors and agents with whom we work and/or engage (including, but not limited to legal firms, medical professionals, private investigators, third-party claim administrators and outsourced service providers).
- With other companies in the Zurich Insurance Group ("the Group"), partners of the Group, coinsurance and reinsurance companies located in Ireland and abroad, including outside the European Economic Area ('EEA'). Where transfers take place outside the EEA, we ensure that they are undertaken lawfully and pursuant to appropriate safeguards.
- With other insurers and/or their agents.
- With any intermediary or third party acting for you.
- In order to comply with our legal obligations, a Court Order or to cooperate with State and regulatory bodies (such as the Central Bank of Ireland), as well as with relevant government departments and agencies (including law enforcement agencies).

In addition, information about claims (whether by our customers or third-parties) is collected by us when a claim is made under a policy and placed on the insurance industry claims database known as InsuranceLink, maintained by Insurance Ireland. This information may be shared with other insurance companies, self-insurers or statutory authorities. The purpose of InsuranceLink is to protect customers by helping insurers identify incorrect information and fraudulent claims.

The time periods for which we retain your Data depend on the purposes for which we use it. We will keep your Data for no longer than is required or legally permitted. Please see our Data Retention Policy at www.zurich.ie/privacy-policy.

Privacy Policy

For further information please see our Privacy Policy which is available online at www.zurich.ie/privacy-policy.

If you have any questions about your Data, you can contact our Data Protection Officer, using the contact details below.

- Zurich Customer Services on 053 915 7775
- dataprotectionofficer@zurich.ie
- Data Protection Officer, Zurich Insurance plc, FREEPOST, Zurich Insurance, PO Box 78, Wexford, Ireland.

**PLEASE SEND ALL CLAIMS TO: Mobilecover, PO Box 11140, Dublin 2
or Fax: (01) 676 7718 or Email: info@mobilecover.ie**