

How to Submit the Required Documentation

THE PERSON COMPLETING THIS DOCUMENT MUST BE THE CRICKET ACCOUNT HOLDER AND MUST PROVIDE A COPY OF THEIR VALID PHOTO ID.

Choose an option (Online or Fax) and follow the steps

Online (Recommended)

- 1 Print, fill out and sign the Sworn Affidavit & Proof of Loss Statement.
Found on page 2 of this document.
- 2 Scan or take digital pictures of both the completed affidavit and your valid photo ID.
- 3 Upload both documents at www.phoneclaim.com/cricket

Fax

- 1 Print, fill out and sign the Sworn Affidavit & Proof of Loss Statement.
Found on page 2 of this document.
- 2 Photocopy your valid photo ID and handwrite your Claim ID on the page.
- 3 Fax both documents to 1-866-400-3516.

Tips to speed up your claim

The document is marked with a barcode that is specific to your claim. Using a photocopy with an incorrect barcode will delay your claim

Make sure you have a valid photo ID

- Acceptable forms of photo ID: valid driver's license, passport, federally issued ID card or matricula consular ID
- Unacceptable forms of ID: student ID, work ID, birth certificate, Social Security card and expired ID Documents
- Name on the ID must match name of the Cricket Account Holder who completes the Sworn Affidavit & Proof of Loss Statement
- If the ID appears altered, forged, illegitimate or unreadable, we may not be able to proceed with your claim

Make sure all document scans or faxes are clear and easy to read

- When making the photocopy of your photo ID, consider using the enlarge and contrast settings to make the ID easier to read
- Color copies are preferred

Return all documents within 60 days of the date you requested your replacement or your claim may be denied

Questions? Get answers at phoneclaim.com/cricket. Or call us at 1-855-309-8342.

Cricket Protect includes Cricket Protect Insurance and Cricket Protect Service Warranty. Cricket Protect Plus includes Cricket Protect Plus Insurance and Cricket Protect Plus Service Warranty. Cricket Protect Insurance and Cricket Protect Plus Insurance, the insurance components of Cricket Protect and Cricket Protect Plus, is insurance coverage underwritten by Continental Casualty Company, a CNA Company (CNA), Chicago, IL, and administered by Asurion Protection Services, LLC (In Iowa, Lic. #1001002300. In California, Asurion Protection Services Insurance Agency, LLC, CA Lic. #OD63161, in Puerto Rico, Asurion Protection Services of Puerto Rico, Inc.), a licensed agent of CNA. The Cricket Protect and Cricket Protect Plus Service Warranties are a service of Asurion Warranty Protection Services, LLC or one of its affiliates. Terms and conditions are subject to change. Coverage terms may vary by state. Not all devices are eligible. All applicable taxes and surcharges extra. For complete terms and conditions including premiums, deductibles, and service fees please visit phoneclaim.com/cricket. © 2020 Cricket Wireless LLC. All rights reserved.

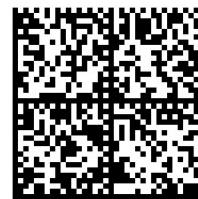
asurion

Sworn Affidavit & Proof of Loss Statement

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INSURANCE FRAUD IS A CRIME

For your protection, 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.



What device are you claiming?

ALL FIELDS ARE REQUIRED. PLEASE PRINT USING BLUE OR BLACK INK

Claim ID: Wireless Number: - -

Manufacturer:

(Examples: Apple, Samsung, Motorola, etc.)

Model:

(Examples: iPhone 6S, Galaxy S9, Moto e5 Cruise, etc.)

What happened to the device?

My Device Is: ☐ Lost ☐ Stolen ☐ Damaged ☐ Malfunctioning

Date of Occurrence: _____ Place of Occurrence: _____

Describe What Happened: _____

Note: If your device was damaged or malfunctioning, you are required to return it to Asurion upon receipt of your replacement.

Account Holder information (for verification purposes only)

Full Name: _____

Contact Number: _____ Alternate Contact Number: _____

Email Address: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Claim agreement

I swear/affirm that the device I am claiming is owned by me and that the information provided above is true and accurate. I understand that knowingly presenting false or fraudulent information in support of this insurance claim with the intent to injure, defraud, or deceive any insurer is a crime. Asurion may take legal action, including reporting to law enforcement, when it suspects fraud in the presentation of insurance claims.

Signature: _____ Date: _____