

Insurance Claim Form

BLOCK CAPITALS PLEASE
Name

Title	First Name	Surname
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Mobilecover Policy Number
(detailed in your Policy Schedule)

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Mobile Phone Number

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Please ensure that you provide a contact number to enable us to arrange delivery of electronic equipment.

Home Address	Delivery Address If Different
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Please provide daytime contact number

Contact Tel. No.	Contact Tel. No.
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When did the loss/theft/damage occur?

<input type="checkbox"/> a.m. or <input type="checkbox"/> p.m. on the		day		month		year
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Where did the loss/theft/damage occur?

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

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Have you reported the loss/theft of you Mobile
phone /PDA/Modem to your Network Provider

<input type="checkbox"/> Yes <input type="checkbox"/> No	(if YES please enter date:...../...../...../ & time:..... you reported it)
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In the case of damage please state fully the
nature of damage to the electronic equipment:

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**If your electronic equipment is damaged, please send it with this claim form directly to:
Mobilecover, PO Box 11140, Dublin 2.**

Electronic equipment details:

Make:	Model:
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Registration IMEI number:

Please include the following excess payment to ensure prompt settlement of your claim: €35 for mobile phones or PDA's, €50 for laptops including modems, €15 for modems or MP3 players.

Payment can be made by (a) Cheque/Postal order (made payable to Zurich Insurance plc) (b) Credit/Debit Card. Please return this form together with payment to **Rose Hill Insurances Ltd T/A Mobilecover, PO Box 11140, Dublin 2** or fax the form to (01) 6767718 including the following details:

Name of card holder:

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 Card Type ie. Visa, Mastercard, Laser:

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Card Number:

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 Expiry Date:

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 CCV*

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*Visa/Mastercard only

Declaration

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

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

Authorised Signature:	Date:
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Certification for completion by An Garda Siochana

Your policy requires that any loss/theft occurring in Ireland be notified to the Gardai within 24 hours of becoming aware of the loss/theft. If your electronic equipment is lost or stolen when overseas, please attach the Police Report from the country where the incident occurred.

To: Zurich Insurance plc

This is to certify that

Name:

reported to this station on this date the loss/theft of the electronic equipment specified above.

Name of Garda (printed):	Garda Stamp:
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Signed by Garda:	
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Please return the fully completed insurance claim form to:

Rose Hill Insurances Ltd t/a Mobilecover, Po Box 11140, Dublin 2. Telephone: 1890 747 000. Fax: (01) 6767718.

Please refer to the data protection information overleaf.

Mobilecover insurance is arranged by Rose Hill Insurances Ltd. Rose Hill Insurances Ltd is regulated by the Financial Regulator.

Policy cover is underwritten by Zurich Insurance plc. Zurich Insurance plc is regulated by the Financial Regulator.

DATA PROTECTION

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

Information you supply may be used by us for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention) within the Zurich Financial Services Group and our partners inside and outside the European Economic Area.

Zurich may share with our agents and service providers, members of the Zurich Financial Services Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing and regulatory bodies (of which Zurich are a member or by which Zurich are governed) information Zurich hold about you and your claims history. This includes the Insurance-Link database and the Irish Insurance Federation's anti-fraud claims matching database. Zurich may also in certain circumstances use private investigators to investigate a claim.

Zurich may also need to collect sensitive personal data (for example, information relating to your physical or mental health or the commission or alleged commission of an offence) to assess the terms of insurance Zurich issue/arrange or to administer claims which arise.

Unless you have advised us otherwise, Zurich may share information that you provide to companies within the Zurich Financial Services Group and with other companies that Zurich establish commercial links with so Zurich and they may contact you (by email, SMS, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that Zurich believe will be of interest to you.

Please email or write to us at below address if you do not wish your information to be utilised for these purposes.

You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003. Should you wish to exercise this right, please write to the Data Protection Officer, Zurich, Zurich House, Ballsbridge Park, FREEPOST, Dublin 4. To access your data, a fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheque should be made payable to Zurich.

By providing us with your information and proceeding with this contract, you consent to all of your information being used, processed, disclosed, transferred and retained for the purposes of insurance administration (including underwriting, processing, claims handling and fraud prevention).

Please note that a copy of our full Data Protection and Privacy Policy can be viewed on our website www.zurich.ie or requested by writing to our **Data Protection Officer at Zurich, Zurich House, Ballsbridge Park, FREEPOST, Dublin 4**. Alternatively you can email dataprotectionofficer@zurich.ie