# 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 <a href="https://www.phoneclaim.com/cricket">www.phoneclaim.com/cricket</a>

#### 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.

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# 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 REQ	UIRED. PLEASE PRINT US	ING BLUE OR BLACK INK
Claim ID: W	/ireless 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:	alfunctioning		
Date of Occurrence: Place of Occurr	rence:		
Describe What Happened:			
Note: If your device was damaged or malfunctioning, you are required to return  Account Holder information (for verification purpos		replacement.	
Full Name:			
Contact Number: A	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 p information in support of this insurance claim with the intent to injure, defraud, or december it suspects fraud in the presentation of insurance claims.			
Signature:		Date:	