

Replacement Device Claim Form

In order to receive a replacement device regarding your insurance claim, you must complete this form in its entirety and scan/ email, mail, or fax the form along with a copy of your government-issued ID of the account holder. Additionally, in order to be deemed defective, this equipment will need to be returned and verified. If the received handset is not as described during the claim there will be a Restocking Fee assessed.

Send Form & Copy of ID To:

eSecuritel
PO Box 03
Alpharetta, GA 30009-9998

Toll Free Fax: **(866) 625-6123**

Email: RCProcessing@esecuritel.com

*Submit this form electronically by completing the required fields and clicking 'Submit Form' at the end

*This form requires Adobe Reader to submit electronically

Acceptable Government Issued IDs:

Driver's License	US Passport	State Issued ID
Visa	Resident Alien Permit	US Military ID

Section I: Account Holder Information

Account Holder Name _____ Claim ID _____

Make/Model of Phone: _____ Mobile Number _____

Billing Address _____

City _____ State _____ Zip Code _____

Contact Numbers: Daytime _____ Evening _____

Email address: _____

(NOTE: Your email address will only be used to contact you regarding your claim with eSecuritel and will not be shared with 3rd parties)

Section II: Online Return Label Creation Process

Returning Handset after filing a defective claim:

You can generate a United States Postal Service (USPS) label to return your replacement handset using the following steps:

1. Go to www.eSecuritel.com
2. If you have not already done so, create a login to access your account information on our site.
3. Once logged in, go to Manage Your Account and click "Create Label" next to the Claim ID that you are filing the defective claim on.
4. An image of a USPS return shipping label will be created.
5. Print the label. Keep the bottom half of the printout. It has your USPS tracking number.
6. Put the replacement phone in the return package. Follow the instructions and attach the label to the return packaging provided with your replacement phone.
7. Place the return package in your mailbox or take it to your local post office. Packages not taken to a post office may take 24 hours to show as in transit and could cause a delay in sending your replacement.

Section III: Claim Agreement

I hereby make an insurance claim against the insurance company as shown on this insurance claim affidavit. I acknowledge that if any property which is the subject of this claim and which is replaced or paid for by the insurer is recovered at any time, it is the property of the insurance company and must be returned to the insurance company. I understand that if I fail to return such property or if the returned device is found to be in good condition and fully functioning, I am subject to, and authorize, a non-return fee.

I swear or affirm that the wireless device I am claiming is owned by me and that the information provided above is true and accurate. I understand that any false or misleading statement made herein is fraud and I may be found guilty of a crime. eSecuritel will explore all legal action possible in the event of a fraudulent claim.

Insured Subscriber's Signature _____ Date _____