likewize.

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Mobile and Gadget Insurance Claim Declaration

IMPORTANT LEGAL NOTICE: Likewize and/or Aviva Insurance Limited needs to obtain additional information or verify information provided in order to process your claim. A person who knowingly presents a false or fraudulent Mobile and Gadget Insurance Claim Declaration with the intent to misrepresent, defraud, or deceive Likewize or Aviva Insurance Limited may be guilty of a crime. When fraud is discovered, Likewize and Aviva Insurance Limited take appropriate steps to stop such fraud and will explore all available legal remedies. For information on how Likewize shares your information please see our Privacy Policy.

| Policy Holder's Full Name | | Mobile Number (The mobile number associated with your Mobile and Gadget Insurance or associated with this claim) | | | |
|--|---|---|---|---|--|
| Network Provider | | - | | | |
| Email Address | | Contact Number(s) | | | |
| You must submit a valid colour cop | y of one of the goverr | ment-issued ID | s listed below. Plea | se select the type submitted. | |
| Driving Licence Passport Permanent Residence | | Short-Term Work Visa Current Firearms/Shotgun Certificate Document National ID Card | | | |
| Section II: Details If your network enabled device or must report your device as lost or s your provider's network. By submit your lost or stolen device to your m provider's network. | stolen to your network ting this Claim Declara | c provider and t ation, you ackno | he device must be owledge and certify | permanently disabled on / that you have reported | |
| Device Make/Model | | Device IMEI/ESN | | | |
| Incident Date | | * See FAQs for help with locating your device's IMEI/ESN. | | | |
| My device is (select one): | 🗌 Lost | Stolen | Damaged | 🗌 Broken Down | |
| Section III: Declaration I acknowledge that if any property Aviva Insurance Limited is recovere returned to Likewize. An electronic | ed at any time, it is the signature shall have t | e property of Lil he same effect | kewize or Aviva Ins as an original signa | urance Limited and must be ature. | |
| I confirm that the device I am claim provided above is true and accurat | | a covered fami | ly member or partn | er and that the information | |
| Pack Holder's Signature | | | Date Signed | | |
| | | | | | |
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