

Extended Warranty Claim Form		Claim Number:	
Please complete and sign the documentation. If you do not l for further instructions.		0	1
SECTION1: CARD MEMBE	TR INFORMATION.		
American Express Card Account			
Card Member's Name:	-		
Address:			Zin:
		State	z.p
Phone Number: Email:			
SECTION 2: PURCHASE IN	FORMATION:		
Item:		Model:	
Color / Size / Material:			
Item #:			
Date of Purchase:I			
Item Amount:C	Charge Amount:		
Duration of original manufactur	rer's warranty period:		
Did you purchase an extended s	service contract for this iten	n? Yes No)
If so, what was the duration of	the purchased service contr	act:	
SECTION3:LOSSINFORM	ATION:		
Type of Loss: Accidenta	al Damage 📃 Defective	:	
Date of Loss:			
City, State, and Country where	loss occurred:		
Please describe in detail the acc	idental damage or defect:		

Extended Warranty Claim Form ADDITIONAL INFORMATION:

Please refer to your plan documents for complete benefits information. Below is some information about the claim you are filing:

- 1. We will extend the terms and match the length of the original warranty if the original manufacturer's warranty is less than one (1) year, or we will provide one (1) additional year if the original manufacturer's warranty is between one (1) year and five (5) years. If the original manufacturer's warranty exceeds five (5) years, the product purchased is not eligible under this Plan and no coverage applies.
- 2. Benefits are not payable if the loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by any physical damage, including, but not limited to, damage as a direct result of natural disaster or a power surge, except to the extent the original manufacturer's warranty covers such damage.
- **3.** Extended Warranty does not reimburse for shipping and handling expenses or installation, assembly, professional advice, maintenance or other service charges.
- 4. Motorized devices and their parts which are permanent additions or fixtures to a residential or commercial building are not eligible for coverage.

SIGNATURE / ACKNOWLEDGEMENT:

PLEASE READ THE INFORMATION BELOW AND SIGN THIS FORM PRIOR TO SUBMISSION.

I UNDERSTAND THAT ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF INSURANCE FRAUD.

THE CLAIM INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE CLAIM FORM MUST BE COMPLETED AND THAT ALL REQUIRED DOCUMENTATION MUST BE FILED AND SUBMITTED BEFORE ANY CLAIM UNDER THE PLAN CAN BE PROCESSED AND PAID.

Card Member's Signature (required):

Date:

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Please be advised that there may be an applicable statute of limitations that may bar your rights in the future. Please refer to your Certificate/Description of Coverage for details.