

Mobile Device Insurance Claim for Replacement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to formally submit a claim for the replacement of my mobile device, which is covered under my insurance policy with your company. The details of my policy are as follows:

Policy Number: [Insert Policy Number]

Device Model: [Insert Device Model]

Device IMEI Number: [Insert IMEI Number]

On [Insert Date of Incident], my device was [briefly describe the incident, e.g., lost, stolen, damaged]. I have attached all relevant documents, including the police report, receipts, and photographs of the damage, if applicable.

Given the circumstances, I kindly request a replacement phone under the terms of my insurance policy. Please let me know if you require any further information to process my claim.

Thank you for your prompt attention to this matter. I look forward to your response.

Sincerely,

[Your Name]