

1. Your Details:

Title: First Name: Patient No:
Surname:
Address: _____

Telephone No: _____ Date of Birth: _____
Email Address: _____

2. Hearing Aid details of lost or damaged aid/s

Date of Purchase: Serial Number of the lost aid/s:
Instrument Type:

3. Incident Details:

Incident type: Please Tick - Loss Theft Accidental Damage

Date of incident:

Place of incident:

Please provide a detailed step by step account from when you last saw your device to when you discovered the loss, theft or damage:

4: Please confirm what damage has been caused as a result of the incident: (Only if damaged)

6. Garda Details:

Lost aid reported at: _____ Garda Station

Address

Officers signature and Station stamp

7. Additional Information:

Yes No

Have you previously made any claim for a lost hearing aid?

If Yes, please give details _____

Yes No

Is the lost aid the subject of any other insurance policy?

If Yes, please give details _____

8. Declaration:

I hereby declare that all of the answers to the questions on this form are true and accurate at the time of signing, to the best of my knowledge.

In the event of the lost hearing aids being recovered, I undertake to notify Hidden Hearing Limited within 48 hours of the recovery, and to return the recovered hearing aids to Hidden Hearing Limited, 3030 Lake Drive, Citywest Business Campus, Dublin 24 within a timeframe of 2 weeks from the date of recovery, or as soon as is reasonably practicable.

I hereby declare my understanding that Hidden Hearing Limited reserves the right to void this contract, should it be discovered that I have provided the Company with inaccurate material information regarding the engagement of this contract. E.g., should it be discovered that I am availing of the terms of this contract while still in possession of hearing aids which I am asserting are lost, or that hearing aids I am asserting are damaged are in fact in good working order.

Signed: _____

Date: _____

Please submit your completed claim form and supporting documentation we have requested to the addresses below. Examples include a Garda report if you are claiming for loss or theft, or evidence of forced entry if your device was stolen from locked storage, premises or a vehicle.

Hidden Hearing Ltd., FREEPOST, 5 Waterside, Citywest Business Campus, Dublin, D24 X7FT

Data Privacy Consent: By submitting this form, I accept that Hidden Hearing may process the personal information I have included in the form for the purpose of assessing and processing my claim. I can read more about how Hidden Hearing treat and protect personal data in the privacy policy published on Hidden Hearing's website: <https://www.hiddenhearing.ie/privacy-policy>.