

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

6. Police Details: (If your aid was lost in the street this section must be completed and stamped by an official to verify your claim).

Lost aid reported at: _____ Police Station

Address

Officers signature and Station stamp

7. Additional Information:

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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Have you previously made any claim for a lost hearing aid?

If Yes, please give details _____

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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Is the lost aid the subject of any other insurance policy?

If Yes, please give details _____

8. Declaration:

In the event of the original instrument being recovered, I undertake to notify Hidden Hearing Limited within 24 hours and return the recovered components to the Hidden Hearing Belfast Office.

I understand that it is a criminal offence to make a fraudulent claim and if such a claim is made, the company reserves the right to reject the claim and cancel the policy.

Users Signature _____ Date _____

Please submit your completed claim form and supporting documentation we have requested to the addresss below. Examples include a Police 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 (N.I.) Ltd., 54 High Street, Belfast BT1 2BE4