



**PLEASE USE BLOCK CAPITAL LETTERS WHEN FILLING IN THIS FORM**

About you:

Title:	Surname:
Forename:	
Telephone:	
Mobile:	
Fax:	
Email:	

Address:
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About your Belkin Product:

Model number:	Date of purchase:	Place of purchase:

About your claim:

Reason for claim:	Date of incident:

Please list all the equipment that was connected to the Belkin product on the date of the occurrence, stating whether it was damaged or not and the cost of repair or replacement if appropriate.

Equipment/Device:	Make/Model	Serial number	Damaged?	Cost (repair or replace)
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Total:	

Additional Information:

Do you have Homeowner's, renters or any other form of applicable insurance policies? Yes/No	
Is yes, who is your insurance company?	
If you are filing a claim against your insurance company, please specify:	
Your deductible:	Your claim number:
Your insurance rep and contact number:	

**I understand that by signing this document I hereby confirm that all information listed on this claim form is correct and true. If any information supplied is incorrect, Belkin Components may officially close or deny my claim at any time.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name in full

\_\_\_\_\_  
Date