

# How to Submit the Required Documentation

Choose an option (Online or Fax) and follow the steps

# RMG GROUP

*Electronics Claim Affidavit*

## Online (Recommended)

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1. Print, fill out and sign the Sworn Affidavit & Proof of Loss Statement  
(Found Below)
2. Scan or take pictures of both the completed affidavit and your valid photo ID.  
(Acceptable forms of photo ID. Valid Driver's License, passport, federally issued ID card or Martricula Consular ID.)
3. Upload both documents at [rmggrouppinsurance.com/claim-upload](http://rmggrouppinsurance.com/claim-upload)

## Fax

1. Print, fill out, and sign the Sworn Affidavit & Proof of Loss Statement
2. Photo copy your valid photo ID and handwrite your claim ID number on the paper.
3. Fax both documents to (972) 996-2886

## How to prevent delays in processing your claim.

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### Make you have a valid photo ID

- Acceptable forms of photo ID: valid driver's license, passport, federally issued ID card or Matricula consular ID
- Unacceptable forms of ID: student ID, work ID, birth certificate and Social Security card
- Name on the ID must match name of the MetroPCS Account Owner who completes the Sworn Affidavit & Proof of Loss Statement
- If name does not match, then you may need to provide additional documentation
- The ID cannot be expired. If the ID appears altered, forged, illegitimate or unreadable, we will not be able to proceed with your claim

### Make sure all documentation or faxes are clear and easy to read.

- When making the photo copy of your photo ID, consider using the enlarge and contrast settings to make the ID easier to read
- Black and white copies are required.

## How to find your device manufacturer, model and SERIAL NUMBER/ESN/MEID/IMEI

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### For most cell phones:

Find this information on:

In Settings – About – locate  
ESN/MEID/IMEI

Your customer agreement with  
your carrier

The box the phone/device came in  
Contacting your carrier

### For Most Televisions:

On the back of the Television on a  
white label.

In the television settings

On the box the television came in  
Contact the manufacture for  
assistance

### For Most Tablets:

On the back of the tablet device

In Settings – About – Locate  
ESN/MEID/IMEI

The box your device came in  
Contacting your Manufacture

## Affidavit & Proof of Loss Statement

THIS DOCUMENT MUST BE COMPLETED BY THE ACCOUNT HOLDER ON YOUR RMG GROUP ACCOUNT.

THE PERSON COMPLETING THE DOCUMENT MUST ALSO PROVIDE A PHOTO COPY OF THEIR VALID PHOTO ID.

INSURANCE FRAUD IS A CRIME For your protection, a person who knowingly presents a false or fraudulent insurance claim with the intent to injure, defraud, or deceive any insurer is guilty of a crime and may be subject to fines and confinement in prison. When fraud is discovered, RMG GROUP takes appropriate steps to stop such fraud and explores all its available legal remedies.

### What device are you claiming?

ALL FIELDS ARE REQUIRED. PLEASE PRINT USING BLUE OR BLACK INK.

Claim ID: \_\_\_\_\_

Number on account: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

ESN/MEID/IMEI/SERIAL NUMBER: \_\_\_\_\_

### What happened to the device?

My device is: ☐ Lost ☐ Stolen ☐ Damaged ☐ Malfunctioning

Date it happened: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place it happened: \_\_\_\_\_

Describe What Happened:

### Account Owner Information:

Full Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Claim Agreement

I hereby make an insurance claim against the insurance company as shown on this insurance claim affidavit. I acknowledge that if any property which is the subject of this claim and which is replaced or paid for by the insurer is recovered at any time, it is the property of the insurance company and must be returned to the insurance company. I understand that if I fail to return such property, I am subject to, and authorize a non-return fee of up to \$800 to be charged under the insurance policy using the method of payment used on the account.

I swear/affirm that the device I am claiming is owned by me and that the information provided above is true and accurate. I understand that knowingly presenting false or fraudulent information in support of this insurance claim with the intent to injure, defraud, or deceive any insurer is a crime. RMG GROUP may take legal action, including reporting to law enforcement, when it suspects fraud in the presentation of insurance claims.

Signature : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

