FlexPerks Travel Extended Warranty Claim Form

Claim Number _____

Carefully review the information printed below and make any necessary corrections. Please complete any sections that are currently blank and remember to sign and date your claim form.

PART I - CARDMEMBER INFORMATION

Credit Card Number _____

First Name _____ MI _____ Last Name _____

Address _____ Home Phone _____

_____ Work Phone _____

City _____ State _____ Zip Code _____ Fax Number _____

Email Address _____

PART II – EXTENDED WARRANTY INFORMATION

Date of Purchase ____/_____/_____ What is the item being claimed? _____

Date Item Failed ____/_____/_____ What happened to the item? _____

_____

Please provide a description of the product failure. _____

_____

_____

What was the cost of the item? _____

If item is damaged, is it repairable? ☐ Yes ☐ No

If Yes, attach a copy of the repair estimate. **If No,** attach a copy of the repair estimate and/or photograph of the damage.

Please do not discard the item. It may need to be sent in as salvage after your claim has been fully reviewed.

What is the length of the original manufacturer's or store brand's warranty? _____

Parts _____

Labor _____

Other _____

A copy of the manufacturer's or dealer's warranty must be provided with your claim form.

Is there an additional service contract on the item? ☐ Yes ☐ No If yes, for how long? _____

If Yes, a copy of the additional service contract must be provided with your claim form.

PLEASE COMPLETE THE REVERSE SIDE OF THIS CLAIM FORM

Any fraudulent act by any person with intent to defraud any insurance company or other persons by filing a statement containing any misleading or false information will result in the denial of the claim and may be subject to civil penalties and criminal prosecution. This Claim Form must be complete and all required documentation must be submitted and filed before any claim under the program can be processed and paid.

THE CLAIM INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

By signing below, I authorize Virginia Surety Company, Inc., TWG Innovative Solutions, and all their authorized representatives to verify all information and documentation provided by me and contained in this Claim Form. This Claim Form does not waive any condition or use of the master policy. I also acknowledge that I have read the enclosed explanation of forms and have reviewed the Evidence of Coverage.

State of Washington residents only: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

Signature_____ **Date** ____/_____/_____

REMINDER

PLEASE KEEP COPIES OF ALL DOCUMENTATION SUBMITTED TO TWG INNOVATIVE SOLUTIONS AND INCLUDE THE CLAIM NUMBER ON ALL DOCUMENTS.

When completing the Extended Warranty Claim Form, please check that you have:

- ✓ Verified and completed all requested Cardmember information on the claim form.
- ✓ **Provided readable receipts. Copies of required documentation are acceptable.**
- ✓ Read the statement attesting to the truthfulness of this claim filing and have signed and dated the claim form.
- ✓ Sent the claim form and all documentation to:

Supporting Documentation

- ☐ **Completed and signed claim form**
- ☐ **American Express Card account statement showing purchase**
- ☐ **Itemized store receipt**
- ☐ **Repair estimate showing parts and labor**
- ☐ **Original manufacturer's or dealer's warranty and extended service contract (if applicable)**
- ☐ **Return all documentation within 180 days of the incident**
- ☐ **Any other documentation needed to substantiate the claim**

*Please do not dispose of, or destroy, the item in question. It may be requested during claim review.

TWG Innovative Solutions
Claims Administration
PO Box 87719
Chicago, IL 60680-0919

Please call 1-866-918-4560 for information regarding your claim.

Monday – Friday
8:00 a.m. – 8:00 p.m. ET