## **Product Protection Plan Claim Form**

## **INSTRUCTIONS:**

- 1. Please completely fill out the claim form.
- Attach a copy of service company's invoice clearly showing service performed, date of service, equipment repaired or replaced and service call charges.
- 3. You may fax, mail or e-mail this completed claim form and the service company invoice to TAW.

TAW
Eastway Plaza
1899 Tate Blvd., SE – Suite 2110
Hickory, NC 28602
(866)-880-6019 Toll Free
FAX 828-449-1247

O KEEP A COPY FOR YOUR RECORDS?

Email: nrtc-claims@intlwarranty.com

	Email . <u>Into-Claims@intiwarranty.com</u>
SERVICE COMPANY INFORMATION	CUSTOMER INFORMATION
SERVICE COMPANY NAME	CUSTOMER NAME
TECHNICIAN NAME	ADDRESS
ADDRESS	CITY,STATE,ZIP
CITY,STATE & ZIP	TELEPHONE
TELEPHONE NUMBER	SERVICE PLAN NUMBER (If Available)
PRODUCT INFORMATION  (Check the circle for the component that has failed.)	PART DESCRIPTION PART COST
,	MODEM & POWER SUPPLY \$
O MODEM: SERIAL NUMBER	TRIA \$
MAC ID#	DISH \$
	POWER SUPPLY \$
O TRIA: SERIAL NUMBER:	
O DISH	Subtotal Parts: \$
O POWER SUPPLY	Shipping (if applicable) \$
NATURE OF PROBLEM	Service Call Charge \$
	LESS \$20.00 COPAY: \$ - 20.00
	TOTAL AMOUNT OF CLAIM: \$
DESCRIBE SERVICE PERFORMED	CUSTOMER SIGNATURE & DATE
	DID YOU ?
	O SIGN THIS CLAIM FORM ?
	O ATTACH SERVICE COMPANY INVOICE?