Product Protection Plan Claim Form

INSTRUCTIONS:

1. Please completely fill out the claim form.
2. 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
Email : nrtc-claims@intlwarranty.com

SERVICE COMPANY INFORMATION

_____
SERVICE COMPANY NAME

_____
TECHNICIAN NAME

_____
ADDRESS

_____
CITY,STATE & ZIP

_____
TELEPHONE NUMBER

CUSTOMER INFORMATION

_____
CUSTOMER NAME

_____
ADDRESS

_____
CITY,STATE,ZIP

_____
TELEPHONE

_____
SERVICE PLAN NUMBER (If Available)

PRODUCT INFORMATION

(Check the circle for the component that has failed.)

○ **MODEM:** _____
SERIAL NUMBER

_____
MAC ID#

○ **TRIA:** _____
SERIAL NUMBER:

○ **DISH**

○ **POWER SUPPLY**

NATURE OF PROBLEM

_____

_____

_____

_____

DESCRIBE SERVICE PERFORMED

_____

_____

_____

_____

PART DESCRIPTION	PART COST
MODEM & POWER SUPPLY	$ _____
TRIA	$ _____
DISH	$ _____
POWER SUPPLY	$ _____

Subtotal Parts: $ _____

Shipping (if applicable) $ _____

Service Call Charge $ _____

LESS $20.00 COPAY: $ - 20.00

TOTAL AMOUNT OF CLAIM: $ _____

_____
CUSTOMER SIGNATURE & DATE

DID YOU ?

○ **SIGN THIS CLAIM FORM ?**

○ **ATTACH SERVICE COMPANY INVOICE?**

○ **KEEP A COPY FOR YOUR RECORDS?**