

1. Personal Details:	Customer No:	
Title: First Name:	Surname:	
Address:		
DOB:		
DOB:		
2. Contact Details:	Mobile No:	
Home Telephone No:	Work Telephone No:	
Email Address:		
3. Device Details:		
Purchase date:	Serial No. Left:	
Instrument type:	Serial No. Right:	
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4. Incident Details:		
Incident type: E.g. Loss, theft, acc	cidental damage, malfunction or malicious damage	
Date incident discovered:	Time incident discovered:	
Place of incident:		
Town/City where the incident occurred:	Country where the incident occurred:	
5. Circumstances: Person in possession of the device at the time of the incident:	Yes No Did you give that person permission to use the device?	
Please provide a <u>detailed</u> step by step account from when you last saw your device to when you discovered the loss, theft or damage:		



Please confirm what damage has been caused as a result of the incident: (Only if damaged)		
6. Police Details: (If your aid was lost in the street this section must be completed and stamped by an official to verify your claim).		
Lost aid reported at:	Police Station	
Address		
Officers signature and Station s	tamp	
7. Additional Information: Yes No		
Have you previously made any claim for a lost hearing aid?		
If Yes, please give details		
Yes No		
Is the lost aid the subject of any other insurance policy?		
If Yes, please give details —		
8. Declaration:		
In the event of the original instrument being recovered, I undertake to notify Hidden Hearing Limited within 24 hours and return the recovered components to		
the Hidden Hearing Belfast Office. I understand that it is a criminal offence to make a fraudulent claim and if such a claim is made, the company reserves the right to reject the claim and cancel the policy.		
Users Signature Date		

Please submit your completed claim form and supporting documentation we have requested to the addresss below. Examples include a Police report if you are claiming for loss or theft, or evidence of forced entry if your device was stolen from locked storage, premises or a vehicle.

Hidden Hearing (N.I.) Ltd., 54 High Street, Belfast BT1 2BE4

Data Privacy Consent: By submitting this form, I accept that Hidden Hearing may process the personal information I have included in the form for the purpose of assessing and processing my claim. I can read more about how Hidden Hearing treat and protect personal data in the privacy policy published on Hidden Hearing's website: https://www.hiddenhearing.org/privacy-policy.