

Claim form for Extended Warranty



Sorry to hear that you had a problem with your purchase. We appreciate your business and hope we can help. We'll process your claim quickly and let you know if it's eligible for benefits under Extended Warranty.

Supporting information required (Check and enclose all that apply.)

Enclose copies when you return this claim form and retain the originals for your records. Please write your name and last four digits of your card number on all enclosures, and make sure they're legible to avoid any delay in processing your claim.

- Billing statement or itemized receipt showing how much you paid
- Photo of damaged item
- Copy of manufacturer's warranty and extended warranty, if you purchased one
- Repair estimate or bill

Return this form and all supporting information required within 180 days of the item failure.

By mail

Virginia Surety Company
PO Box 87719
Chicago, IL 60680-0919

By fax

312-395-9501

By email

mybenefits@
cardbenefitscommunications.com

Need our help?

Call the Citi card benefit servicing center, seven days a week.

1-866-918-4670

Please make sure to follow the instructions on this form, and you can expect to hear back from us within two weeks after we receive all requested information.

Cardmember information

| | |
|----------------------|---------------------------------|
| Name | Last four digits of card number |
| Address | |
| Primary phone number | Alternate phone number |
| Email | |

About the item

| | |
|-----------------------------------|-----------------------------------|
| Date purchased | Merchant |
| Amount charged to card \$ | Number of rewards points redeemed |
| Item | |
| Brand or manufacturer | Model or serial number |
| Length of manufacturer's warranty | |

Did you purchase an extended warranty?

NO

YES Length of warranty

About the item failure

Date of failure

Total amount of reimbursement requested \$

Description of what happened

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For your protection the following statement is contained in this document. Any person who knowingly, and with intent to injure, defraud or deceive any insurer, presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to denial of insurance benefits, fines and confinement in prison.

By signing below, you:

- Certify that all information you provided on this form is true and correct to the best of your knowledge;
- Authorize Virginia Surety Company, Inc., TWG Innovative Solutions and all their authorized representatives to verify all information and documentation you provide; and
- Acknowledge that you have read the *Guide to Protection Benefits* that govern this benefit and understand the coverage being afforded to you.

Your claim submission does not waive any condition or use of the master policy.

For Florida only: Pursuant to § 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in § 775.082, § 775.083, or § 775.084, Florida Statutes.

For New York only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Oregon only: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, presents a false or fraudulent claim for payment of a loss or benefit may be guilty of a crime and may be subject to denial of insurance benefits, fines and confinement in prison.

For Pennsylvania only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Signature

Date

How would you like us to issue your reimbursement?

Credit my Citi card account

Mail me a check

Si necesita ayuda para entender la información contenida en este documento, por favor llame al **1-866-918-4670**, donde podrán brindarle una aclaración y asistirle.

If you need help understanding the information contained herein, please call **1-866-918-4670** for further clarification and assistance.