

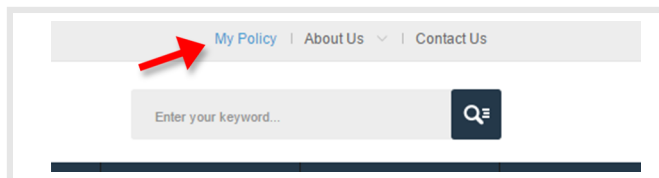


Group Online Claims Instructions

Worth Ave. Group: Leading Provider of Electronic Device Protection.

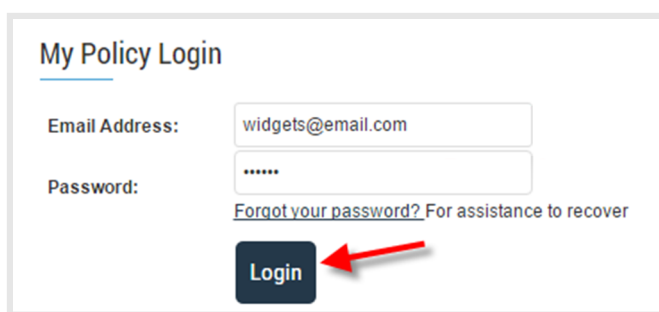
Step One: Go to Our Website

Go to www.worthavegroup.com and click on "My Policy".



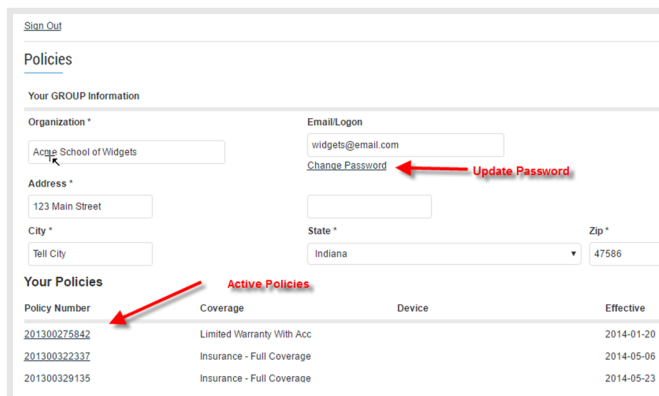
Step Two: Login to Your Policy

To login to your policy or policies, please enter your email address and password. Click "Login".



Step Three: Active Policies Page

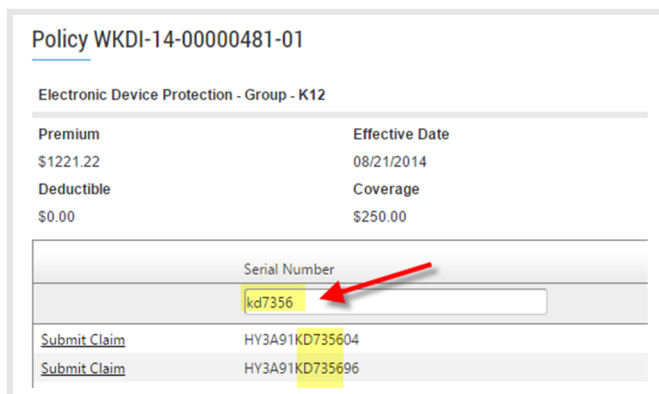
Once you have logged in, you will be redirected to the "Policies" page which lists all of your active policies. To access a policy, click the policy number.



Step Four: Serial Number Search

The policy details and list of device serial numbers will be presented.

To narrow the serial number list, there is a search option. Enter a serial number or a partial number and press enter to search the list.





Group Online Claims Instructions

Worth Ave. Group: Leading Provider of Electronic Device Protection.

Step Five: Submit a Claim

To file a claim, click "Submit Claim" on the row with the applicable serial number. This will open the claim form.

	Serial Number
	kd7356
Submit Claim	HY3A91KD735604

Step Six: Fill Out the Claim Form

Contact Information

Enter in contact and mailing information for your claim. This information will repopulate for each subsequent claim during your session. If you log out or your session expires, this information will need to be reentered.

Remit to

This address is only used for payment to you if a device is not repairable. You will need to reach out to your sales representative to update this address.

Date of Loss

Please enter the date in which the claim occurred.

Type of Loss

Choose the type of loss via the drop down. Depending on the type of loss, more information may be required. If the type of loss requires a police report, an additional entry form will appear.

Box Needed?

If you already have one of our shipping boxes, please choose "Label Only". If you are out of boxes, please choose "Box and Label".

Description of Incident

Enter the description of what happened to the device (i.e. the device was dropped down the stairs, the device was stolen from a locker, etc.).

Known Damage

State the damage or symptoms the device is showing as a result of the incident (i.e. the screen is cracked, the device is not holding a charge, etc.).

Fraud statement

Review and acknowledge that you have read and understand the statement.

Enter your Claim Information for Device: HY3A91KD735696

Contact * [] Address * [] City, ST Zip * [] [AL] [] Contact Email * [] Contact Phone * [] Date of Loss * [] Type of Loss * [Choose a Type...] Box Needed? Label Only

Remit To [] Address [] City, ST Zip [] [IN] [] 47586 [] Remit Email [widgets@email.com]

Description of Incident (Limit of 190 Characters) * [] 190 characters left

Known Damage to the Unit (Limit of 45 Characters) * [] 45 characters left

We must advise you that any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime and may be prosecuted to the full extent of the law. By signing, I agree that the statements above are true and correct to the best of my knowledge and cannot be changed once submitted to the company.

Submit Cancel

Policy Report Information

Type of Loss * [Theft]

Box Needed? Label Only

Date of Police Report [] Officer's First Name [] Last Name [] Contact Number [] Report/Case # []

Description of Incident (Limit of 190 Characters) * []

Step Seven: Confirmation of claim

After clicking submit and successfully adding claim, a message will appear.

my.worthavegroup.com:8080 says:

Claim successfully added for Device: HY3A91KD735696

OK