



**PURCHASE PROTECTION  
Service Request Form**

POLICYHOLDER: MASTERCARD INTERNATIONAL Inc.

POLICY NUMBER:  
EMAIL:

**INSTRUCTIONS**

COMPLETE AND SIGN THIS SERVICE REQUEST FORM

RETURN THIS FORM TO:

CHARTIS MEMSA Insurance Company (Kuwait Branch)  
5th Floor, Al-Kharafi Tower  
Hamad Al Saqr St.  
Kuwait City - Kuwait Fax:  
+965 - 2247 4264 Tel: +965 2247 4260 / 1 / 2 / 3

IN ADDITION TO THE CLAIM FORM, THE FOLLOWING ITEMS ARE REQUIRED:

- 1) copy of purchase receipt showing payment of the item was made entirely with the Eligible Card;
- 2) For theft claims, official copies of the police report within ninety (90) days of incident;
- 3) For damage claims, official copies of the repair estimates;
- 4) Cardholder's statement of account showing the account is open and in good standing at the time of filing the claim.

\* Cardholders may be required to send in the damaged item(s), at their expense for further evaluation.

**CARDHOLDER INFORMATION**

CARDHOLDER NAME:

DATE OF BIRTH:

GENDER:

DAYTIME PHONE NUMBER:

ALTERNATE PHONE NUMBER:

E-MAIL:

CARDHOLDER ADDRESS:

**BANK & CARD INFORMATION:**

BANK NAME:

CARD TYPE:

CARD BIN NUMBER (first six (6) digits of account):

EFFECTIVE DATE OF CARD

TERMINATION DATE OF CARD

IS YOUR CARD ACCOUNT CURRENTLY OPEN AND IN GOOD STANDING?

YES

NO

**PRODUCT INFORMATION**

PRODUCT BRAND / TYPE

MODEL / NUMBER

PLACE PURCHASE

PURCHASE PRICE

CITY

COUNTRY

DESCRIBE THE NATURE OF THE LOSS (INCIDENT):

CHECK ONE:

INCIDENT DATE

PLACE OF INCIDENT

POLICE REPORT NUMBER

DAMAGE

LOSS

THEFT

DESCRIBE THE DAMAGE TO THE PRODUCT:

OTHER INFORMATION NOT INCLUDED:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE