

Loss & Damage Claim Form



Claimant's (instrument user) information

Name	Date of Occurrence
Hearing Aid Model	Serial Number(s)
Moxi only: Receiver Type: <input type="checkbox"/> Standard <input type="checkbox"/> Power <input type="checkbox"/> OptimumFit* <input type="checkbox"/> cShell* Receiver Side: <input type="checkbox"/> Left <input type="checkbox"/> Right cShell Receiver: <input type="checkbox"/> Standard <input type="checkbox"/> Power Receiver Length <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 cShell Material: <input type="checkbox"/> Hard <input type="checkbox"/> Soft	

Description of how hearing instrument(s) was lost or damaged:

Dispenser information

Name	Acct. #	
Address		
City	State	Zip
Phone Number	Fax Number	

I certify that the above statements are correct and true:

Claimant's Signature _____
(to be signed in the presence of notary)

Signed and sworn to before me on the _____ day of _____, _____ by _____
(month) (year)

_____ who resides in _____, _____.
(name of person making statement) (county) (state)

(signature of notary) (title)

(Place Seal Here)

_____, _____
(dispenser's signature) (date of claim)

Return to Unitron Customer Service via Fax: [Redacted]

Note: All lost hearing instruments that have been replaced under Unitron's loss and damage warranty become the property of Unitron. Once a claim is made, instrument(s) may not be returned for credit and remainder of loss and damage warranty is surrendered. Processing fee is non-refundable.