SERVICE REQUEST FORM For Enterprise Customer



Form Instruction:

- 1. Select your enrolled program and the required service request.
- 2. Fill up the required sections and include Company stamp.
- 3. Email completed form to entmobileswop@asurion.com via your business e-mail.

Incomplete form will result in delay of your request as we will return the form to Authorised Person (as nominated below) to provide outstanding information.

Select your Program and One (1) type of Service Request :

Service Request	Enterprise Device Care	Enterprise Device Care Lite	Section To Fill
Swop Warranty Swop*			A, B, C, E, F
Replacement			A, B, C, E, F
Device IMEI Update (Manufacturer Warranty)			A, D, F

*Warranty Swop : for malfunctions or defect on Swop device less than 6 months.

Company and Authorised Person Information

Company Name :			Business Registration Number :		
Authorised Person Full Na	ime :				
Contact No.:	Busine	ess E-mail :			
B Device Information					
Mobile Number :	Brand :	Model :	Memory Size	: Colour :	
	vice, please ensure "Find My iPhone" function has been ur courier, otherwise your Service Request will be rejecte		new SIM card? :		
Device IMEI :		Yes No	Prior to new SIM card activation, please contact your Account Manager or call Singtel hotline (1606) to deactivate previous SIM card.		
		Do you need Ap	ople Business Manager? (fo	or iPhone) :	
Must be provided. Service Request will be rejected if IMEI is missing and/or does not match Singtel's record. You can dial (*#06#) to obtain IMEI if device screen and dial plan is working.		Yes No	For iPhone Swop or Replacement option only. Please check with your IT administrator on this requirement. Please ignore if your Swop or Replacement is not an iPhone.		
C Delivery Inform	ation				
Registered Business Addr	ess :			Postal Code :	
Recipient Full Name :			ecipient Contact Number:		

D Device IMEI Update (Manufacturer Wa	arranty)
Old Device IMEI :	New Device IMEI :
Mobile Number : Date of Warranty	y Exchange (DD/MM/YYYY format) : Please include exchange form issued by Singtel for this request
E Payment Method	
 Credit Card Cash-on-delivery Not Applicable Gro Swop Warranty and Screen Repair Warranty request only Important Note: Manufacturer defects or malfunctions may be covered under the device manufacturer's or Singtel's warranty. It is your responsibility to check if you could benefit from such warranties before filing this service request. Whether or not your device is under such warranties, the service request whether or not your device is under such warranties, the service request Macknowledgement Authorised Person Name :	Corporate Cheque on delivery Bank Name : Cheque Number : (Corporate Cheque option is only available to Global Account customers) Recipient Name : (If different from Authorised Person)
	Recipient Signature : Date : (DD/MM/YYYY) Dient (if applicable), provided consents to Singtel's subcontractor, NEW Asurion Singapore Pte Ltd, to store or host their ed MobileSwop Unlimited Enterprise or Enterprise Device Care program Terms & Conditions.
Some important information to take note For Swop or Replacement : After form submission, the Authorised Person or Recipient will receive a a customer care agent to (1) confirm the delivery information, (2) conservice fee payable (if applicable), (3) obtain the payment information i selected credit card, (4) obtain the last four digits of the Recipient's	a call from confirm the if you have Do you have the required government-issued photo ID ready?

At the point of delivery, the Authorised Person or Recipient must present with: (1) their valid government-issued photo ID, (2) their staff ID or business card, (3) the original, stamped copy of this Request Form, (4) exact payment if you have selected cash-on-delivery and (5) the enrolled device for Swop Request.

identity verification by our courier at the time of the delivery.

- For cash-on-delivery, have you prepared the exact amount?
- Did you have the device for Swop request ready for collection?
- For iPhone device, have you switched off "Find My iPhone"?

For Internal Use Only

Remark :

Authorizing Officer :

Date Processed : DD/MM/YYYY