



### Singtel MobileSwop Unlimited Service Request Form

Please send this Request Form completed with a company stamp affixed to it to [entmobileswop@asurion.com](mailto:entmobileswop@asurion.com) from your business e-mail address. Incomplete forms will be returned to the Authorised Person (as nominated below) to complete any missing information. This will delay the processing of this Service Request.

Please select the service you are requesting:

- Manufacturer Warranty Update Complete Sections A and B.
  - Swop Complete Sections A, C and D.
  - Replace  Warranty Swop Complete Sections A and C.
- Reminder: You may only request a Warranty Swop for malfunctions or defects relating to a Device that was received under a previous Swop or Replace less than 6 months ago.*

**SECTION A (all Requests)**

Company Name \_\_\_\_\_

Business Registration Number (BRN) \_\_\_\_\_

Authorised Person Name (SPOC) \_\_\_\_\_

Contact Number \_\_\_\_\_

Business Email Address \_\_\_\_\_

**SECTION B (Manufacturer Warranty Update)**

Old IMEI 

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New IMEI 

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Associated Mobile Number \_\_\_\_\_

Date of warranty exchange \_\_\_\_\_

*Please include exchange form issued by Singtel*      Date \_\_\_\_\_      Month \_\_\_\_\_      Year \_\_\_\_\_

**SECTION C (Swop, Replace or Warranty Swop)**

**Device information**

Make or Brand \_\_\_\_\_

Model \_\_\_\_\_

*Reminder: For Swop Request 'Find My iPhone' must be turned off before returning Apple devices to the courier, otherwise Singtel Mobile may cancel your Service Request.*

Memory Size \_\_\_\_\_

Colour \_\_\_\_\_

IMEI 

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*Reminder: Device IMEI must be provided. Your Service Request will be rejected if the IMEI is not provided or does not match the IMEI on Singtel Mobile's files.*

Associated Mobile Number \_\_\_\_\_

Require a new SIM card  Yes. Tick here if you require a new SIM card.

*Prior to activating a new SIM card, you must contact your Account Manager or call the Singtel hotline 1606 directly to deactivate the old SIM card.*

**Delivery information**

Registered Business Address: \_\_\_\_\_

Postcode \_\_\_\_\_ Country: Singapore

Recipient Name \_\_\_\_\_ *(if different from Authorised person)*

Recipient Contact Number \_\_\_\_\_ *(if different from Authorised person)*

*After form submission, the Authorised Person or Recipient will receive a call from a customer care agent to (1) confirm the delivery information, (2) confirm a service fee payable as per the MobileSwop Unlimited Terms & Conditions, (3) collate the payment information if you have selected to pay with credit card, (4) collect the last four digits of the recipient's NRIC for our courier to verify their identity at the time of the delivery.*

*At delivery, the Authorised Person or Recipient must present: (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 to pay by cash and (5) the enrolled device for Swop Requests.*

*By signing this Request Form, the Authorised Person and the Recipient confirm that they consent to Singtel's subcontractor, NEW Asurion Singapore Pte Ltd., storing or hosting their personal data and processing credit card information in accordance with the MobileSwop Unlimited Terms & Condition.*

**SECTION D (Swop only)**

*Reminder: Operational or mechanical failure may be covered under the device manufacturer's warranty or Singtel's warranty, and it is your responsibility to check whether you could benefit from such warranties in this particular instance. Whether or not your device is within the manufacturer's warranty or Singtel's warranty, once the service request is approved, a service request fee will be charged.*

Payment:     Credit Card     Cash-on-delivery     Corporate Cheque on delivery

Bank Name/Cheque No.: \_\_\_\_\_ / \_\_\_\_\_

*(Corporate Cheque option only available to Global Account customers)*

|                        |                             |  |                     |               |      |
|------------------------|-----------------------------|--|---------------------|---------------|------|
| Authorised Person Name | Authorised Person Signature | Recipient Name<br><i>(if different from Authorised Person)</i> | Recipient Signature | Company Stamp | Date |
|------------------------|-----------------------------|--|---------------------|---------------|------|

**FOR INTERNAL USE ONLY** Date processed: \_\_\_\_\_

Remarks: \_\_\_\_\_