

Missing Watch Report

Fax to (212) 980-2166 or E-Mail: missingwatchreport@rusa.com, "Attention: Lea Di Luca"

*Serial Number (mandatory): _____

Model Number (if known): _____

Watch Description: _____

Check One: Stolen Lost

Check One: With insurance Without insurance

Owner of Watch

Name: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone #: () _____

Fax #: () _____

e-mail: _____

Insurance

Claim #: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone #: () _____

Fax #: () _____

e-mail: _____

Adjuster: _____

Policy #: _____

** Copy of Police Report included: Yes No

Report #: _____

Police Department: _____

Email: _____

Contact: _____

Phone #: () _____

Fax #: () _____

** Copy of Insurance Claim included: Yes No (must be included if insurance claim filed)

*Please note that the unique serial number of your watch is mandatory for input into our database.

**Police report and/or insurance claim should have the watch description with serial number itemized thereon. If a police report or insurance claim is not currently available, please forward within 45 business days of our receipt of this form or your information may be subject to deletion from our database. Rolex reserves the right not to input any information for any reason.

Important Reminder - If the above-referenced watch is submitted to a Rolex-operated service facility in the U.S., you will be contacted. As the claimant it is your responsibility to retain sufficient documentation to prove your claim to the watch. It is also your responsibility to inform us of a change in your contact information (address, phone, etc.). Failure to do so may result in deletion of this report from our records.

Brief description of how loss occurred (including date of loss):

Note: I understand that Rolex is voluntarily providing this service, free of charge, to assist in the possible recovery of my watch. I release Rolex and its employees, agents and attorneys from all liability in connection with this service and I promise not to sue any of the above for any claim arising from this service. By filing this report I agree to submit to personal jurisdiction for any legal proceeding in New York City and that New York law will apply.

Signature: _____

Date: _____