

Ausgrid Claim Form

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Relating to Property or Equipment Damage or Loss

1. Claimant Details (please print)

Title: _____ First Name: _____ Surname: _____

National Meter Identifier (NMI): _____
(refer to your last electricity bill to obtain)

Postal Address: _____

Suburb: _____ Postcode: _____

Phone: (AH) _____ (BH) _____ (Mobile) _____

Email: _____ Fax: _____

Business Name: _____
(if applicable)

GST registered? Yes/No

2. Instructions

In order for your claim to be considered, please complete all fields on this form. Incorrect or incomplete Request Forms will delay the processing of your claim.

Ausgrid may require supporting documentation of the claimed damage, such as repair quotations from a suitably qualified technician. You will be contacted if this is the case.

It is Ausgrid's policy to consider repair in the first instance where possible and economic to do so.

3. Declaration

All the information included in this Request is, to the best of my knowledge, true and correct. I understand that it is an offence to make fraudulent, false or misleading claims. I confirm I have not lodged a duplicate claim with, or received any payment from, any other party or insurance company relating to the subject of this claim.

Signed: _____ Date: _____

Send your completed request to:

Fax No: (02) 4910 1749 or e-mail: claims@ausgrid.com.au. Alternatively send via mail to:

Ausgrid Claims Team
GPO Box 4009
SYDNEY NSW 2001

Please direct all telephone queries to 13 13 65

4. Details of Incident

Note: If the address of the incident was different from your Postal Address, please provide the address of the incident below.

Address:

Postcode:

Please describe the incident which led to the injury, loss or damage:

[illegible]

What is the nearest cross or corner street to the address where the incident occurred?

What was the approximate date and, if possible, the approximate time of the incident?

Date: _____ Time: _____ (am / pm)

5. Schedule of Loss/Property Damage

If your claim relates to food spoilage, please advise the amount of compensation you are seeking and provide an itemised list of the spoiled food together with the approximate cost per item.

Description of Damage/Loss		Amount Claimed (if known)
	Total Sum Claimed	

If available, please attach any additional supporting information such as proof of loss, technical reports, photographs or documentation to this form.