

Network Claim Form

Relating to Property or Equipment Damage or Loss

USE BLACK
INK ONLY

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

