

CUSTOMER INCIDENT INVESTIGATION FORM

The issue of this form is NOT an admission of liability - the incident will be investigated and the customer advised accordingly. Essential Energy may, at its discretion, appoint an independent loss assessor to assist investigate and resolve any matter.

Customer Details

CUSTOMER / BUSINESS NAME (as shown on account): _____

ADDRESS: (Street / Property name etc): _____

PO BOX: _____ CITY/TOWN: _____ STATE: _____ P/CODE: _____

Contact Ph: () _____ (home/ work/ mobile) _____ Fax: () _____

Email: _____

- 1 Date of Incident (or best estimate): ___/___/___ Time: ___:___ am/ pm
- 2 Address where incident occurred ("as above" if same address) _____
- 3 Were extreme weather conditions present when the incident occurred? YES/ NO (if yes, please indicate)

Lightning	Bushfire	Strong winds	Falling trees/ branches	Rain	Snow
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For further information on the types of claims we may be able to reimburse please visit essentialenergy.com.au and refer to our Claims Frequently Asked Questions.

Please tick this box if you only require an outage or storm confirmation letter for your own insurer

- 4 Briefly describe incident, or your knowledge of what happened, in space **OVERLEAF** →
- 5 Please provide full details of your loss or damage, in space **OVERLEAF** →
- 6 Who is your home and contents insurer? _____
- 7 Have you approached your Insurer regarding this incident? YES / NO (if yes, attach response)
- 8 Are you registered for GST? YES / NO Please advise your ABN ___:___:___:___
- 9 Can you recoup GST as an Input Tax Credit? YES / NO
 - Please advise your Input Tax Credit rebate rate if **NOT** 100% _____%
 - Claims are settled net of GST where it can be recouped as an Input Tax Credit.
- 10 Equipment requiring replacement **is not reimbursed "new for old"**, but is subject to depreciation based upon an assessment of the cost of replacing the equipment with equipment of substantially the same age, functionality and appearance.
- 11 Total amount of this claim if known \$ _____

Declaration:

I/ We (print name) _____ do hereby declare the information contained in this Incident Investigation form is a true and correct account of the incident and the loss or damage so claimed.

Signature of Claimant _____ **Date:** ___/___/___

Please attach copies of all supporting documentation and email the form to customer.resolutions@essentialenergy.com.au or post to Essential Energy, PO Box 5730 Port Macquarie NSW 2444 or Facsimile to 02 6589 8976 Telephone No. 13 23 91 or direct to Customer Resolutions on 02 6589 8801

Description of Incident

Please indicate () if any of the following occurred:

- **Total** loss of power (blackout) – approx how long? _____ hrs _____ mins
- **Partial** loss of power (brownout) – approx how long? _____ hrs _____ mins
- Several **short** (1-10 second) outages –approx how many? _____

Further details: _____

Please attach additional pages if required

Item	Description of damaged property (e.g. Akai 68 cm colour TV) and action taken (e.g. repaired/ replaced/ not repairable/ etc)	Approx Age (yrs)	Estimated Cost \$
1			
2			
3			
4			
5			
6			
7			

Details of other loss or damage:

Please attach copies of all repair invoices, quotations or other documentation etc supporting your claim (If available at the time of completing this form.)

**** Please do not discard any damaged equipment until a determination has been made ****

