## **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.

Cu	stomer Deta	ils						
		_	-					
Cor	ntact Ph: (  )_			ile)				
1	, — — — — · ·							
3	Were extreme weather conditions present when the incident occurred?   YES/   NO (if yes, please indicate)							
	Lightning	Bushfire	Strong winds	Falling trees/ branches	s Rain	Snow		
Ple 4 5 6 7 8	Briefly de Please pr Who is you Have you Are you	escribe incident, rovide full details our home and con approached your gistered for GS recoup GST as a	or your knowledge of sof your loss or damagentents insurer?  ur Insurer regarding the strength of the strength	or storm confirmation I what happened, in space ge, in space OVERLEAF → his incident? □ YES / NO □ se advise your ABN: 1 YES /NO □ rebate rate if NOT 100%	OVERLEAF →  (if yes, attach re	 esponse) _		
	•		•	it can be recouped as an I				
10	based up	Equipment requiring replacement <b>is not reimbursed</b> " <b>new for old"</b> , 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 am	ount of this clair	n if known \$					
De	claration:							
			Incident Investigati ge so claimed.	ion form is a true and co	do hereby de orrect account c	clare the of the		
Sig	nature of Cl	aimant		Date:	//			
				g documentation and				

Please attach copies of all supporting documentation and email the form to <a href="mailto:customer.resolutions@essentialenergy.com.au">customer.resolutions@essentialenergy.com.au</a> 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

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Approved By: Insurance Manager

Page 1 of 2

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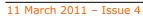
## **Description of Incident**

Please	indicate ( $\sqrt{}$ ) if any of the following occurred:		
• 1	<b>Total</b> loss of power (blackout) – approx how long?	_ hrs r	nins
•	Partial loss of power (brownout) – approx how long?	_ hrs r	nins
• 9	Several <b>short</b> (1-10 second) outages –approx how many?		
Furthe	er details:		
	Please attach additional pages if requi	red	
Itei	Description of damaged property (e.g. Akai 68 cm colour TV) and action taken (e.g. repaired/	Approx	Estimated
	replaced/ not repairable/ etc)	Age (yrs)	Cost \$
1			
2			

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 \*\*



Approved By: Insurance Manager

Page 2 of 2

4 5 6



