

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	NMI (available on electricity bill): _____
CUSTOMER / BUSINESS NAME (as shown on account): _____	
ADDRESS: (Street / Property name etc): _____	

PO BOX: _____	CITY/TOWN: _____ STATE: _____ P/CODE: _____
Contact Phone: () _____	(Work/Mobile) _____
Email: _____	

- 1 Date of Incident (or best estimate): ___/___/___ Time: ___:___ am/ pm
- 2 Location of incident if different from address above _____

- 3 Were there adverse weather conditions at the time of the incident? Yes No
If yes, please describe _____
- 4 Do you have insurance coverage for the damage? Yes No
Have you contacted your insurer? Yes No Please provide copy of response
- 5 Note: Customers are advised that damage arising from storm conditions is not generally reimbursed by Essential Energy. Losses of this nature are normally covered under a standard assets/contents insurance policy and as such, should be firstly referred to your Insurers.

*Tick here if you require an outage/storm confirmation letter for your insurer.

Briefly describe incident and provide full details of your loss or damage, or your knowledge of what happened in space below

For further information on the types of claims we may be able to reimburse please visit essentialenergy.com.au and refer to our Frequently Asked Questions.

- 6 Are you registered for GST? YES NO Please advise your ABN ___:___:___:___
- 7 Can you recoup GST as an Input Tax Credit? YES NO
 - a. Please advise your Input Tax Credit rebate rate if **NOT** 100% _____%
 - b. Claims are settled net of GST where it can be recouped as an Input Tax Credit
- 8 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.
- 9 Total amount of this claim \$ _____

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: ___/___/___

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 failed equipment (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: _____

Prior to discarding any damaged equipment, ensure it has been inspected by a qualified electrician or supplier to determine whether it can be reset or repaired. Before disposal, take photographs of the damaged equipment as well as the specification or serial number plate, including make and model details.

In addition, claims for loss of food items should include an itemised list of all spoiled items, supported by receipts and accompanying photographic evidence.

Please attach copies of all supporting documentation including all repair invoices, quotations, electrician report or other documentation supporting your claim (If available at the time of completing this form). Accurate copies will expedite processing of the claim. and return form to:

ESSENTIAL ENERGY, PO BOX 5730, PORT MACQUARIE NSW 2444
 OR via email to customer.resolutions@essentialenergy.com.au
 OR facsimile to 02 6589 8976
 Enquiries, please telephone 13 23 91 or direct to Customer Resolution Team (02) 6589 8801