

Network Investigation Request

Relating to Property or Equipment Damage or Loss

USE BLACK
INK ONLY

1. Customer Details (Please Print)

Mr/Mrs/Ms: _____ First Name: _____ Surname: _____

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

Business Name: _____

Postal Address: _____

Suburb: _____ Postcode: _____

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

Email: _____ Fax: _____

2. Instructions

Please complete all fields on this form. Incorrect or incomplete Request Forms can significantly increase the time taken to assess your claim. Requests related to supply related damage must be completed by the electricity account holder.

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.

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 false or misleading claims. I confirm I have not lodged a duplicate claim with any other party or insurance company.

Signed: _____

Date: _____

Send your completed request to:

Fax No: 1800 620 064 or (02) 4910 1749

or e-mail: NCI_Group@ausgrid.com.au

or mail to: **Network Customer Investigations**
Ausgrid
PO Box 365
CHARLESTOWN NSW 2290

4. The 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:

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. Details of Damage or Loss

| Description of Damage / Loss | Amount Claimed (If known) |
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| | |
| Total | |
| Amount Claimed | |

If available, please attach any additional supporting information or documentation to this form.