

## 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 storm conditions present when incident occurred? ☐ YES/ ☐ NO (if yes, please indicate ☒ )

Lightning	Rain	Strong winds	Falling trees/ branches	Snow
-----------	------	--------------	-------------------------	------

**For further information on the types of claims we may be able to reimburse please visit [essentialenergy.com.au](http://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 Do you have home (contents) / business insurance? ☐ YES/ ☐ NO ☐
- 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](mailto: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 \*\***