



## CUSTOMER DAMAGE CLAIM REPORT

Name of Person Reporting Claim: \_\_\_\_\_

Customer/Account Name (If Different): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Damage Related to: Electric: \_\_\_\_\_ Water: \_\_\_\_\_ Other: \_\_\_\_\_

Reported to CU Representative: Yes \_\_\_\_\_ No \_\_\_\_\_ To whom: \_\_\_\_\_

### CLAIM/INCIDENT DESCRIPTION

*(Use Reverse Side of Form for More Space and/or Attach Separate Sheet if Needed)*

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Location: \_\_\_\_\_

Summarize what happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was damaged? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated cost of repairs, replacement, etc. *(please attach related photos, receipts and/or estimates)*: \_\_\_\_\_

Injury Involved? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Claimant's Insurance Co. \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_  
**Claimant Signature**

\_\_\_\_\_  
**Date**

**(OVER)**

For Office Use Only:

Date Rec'd: \_\_\_\_\_

Employee Receiving Report: \_\_\_\_\_

Incident Report: Y / N

Insurance Agent Notified: Y / N Comments: \_\_\_\_\_

\_\_\_\_\_

Original: Administration Manager

Copy: Customer Service

Copy: Operations Superintendent

