



Retail Claim Form- Compensation

The issue of this form is in no way to be construed as an admission of liability by TRUenergy

Customer Details:

First Name _____ Surname _____ Owner Tenant

Supply Address _____

Suburb / Town

State

Postcode

Mailing Address _____

(if same as Supply address leave blank)

Suburb / Town

State

Postcode

Contact Numbers: Home: _____ Mobile: _____ Business: _____

Account Details:

Gas Electricity Dual Fuel

Customer Account No: _____

Date (of incident resulting in claim for compensation) ____ / ____ / ____ Time: ____ (AM/PM)

Details (of incident resulting in claim for compensation)

(Please attach additional information if you need more space)

Details of Claim (Items)

(List items for which compensation is being sought - make/model number/age of any appliances must be included)

Amount Claimed \$

Other Details

(Include any out of pocket expenses directly related to the claim)

Total Claimed \$

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TRUenergy Office Use Only

Claim Number: _____ Receipt Date: ____ / ____ / ____ Completion Date: ____ / ____ / ____

Statement

I/We acknowledge that:

- a) All information provided and statements made are truthful and accurate and no information likely to affect the outcome of this claim has been withheld.
- b) I/We acknowledge that TRUenergy ("TRUenergy") will rely upon information supplied by me when determining this claim.
- c) The property, which is the subject of this claim, is owned by me/us.
- d) I have not made a claim for this damage to anyone else (including any insurer), nor will I make such a claim, if I accept any payment or other benefit from TRUenergy in settlement of this claim.

Signature of Claimant(s): _____ Date: ____/____/____

Full Name of Claimant(s): _____
(Please print in block letters)

Signed as Witness to Claimant(s) Signature: _____ Date: ____/____/____

Name of Witness to Claimant(s): _____
(Please print in block letters)

Address of Witness to Claimant(s): _____

Claim Form

You may be required to provide further details of loss, damage or other circumstances leading to your claim for compensation.

- 1. Please attach any proof of loss or damage or expenses incurred.
- 2. If you need more space, please attach additional notes.
- 3. Send this claim form and all other relevant documents to:

TRUenergy Customer Resolutions
TRUenergy
Locked Bag 14060
Melbourne City Mail Centre Vic 8001
Telephone: 133 466

In certain circumstances it may be necessary for TRUenergy to refer this claim to external service providers or other agencies for investigation. In these circumstances we will make every effort to advise you of the status of your claim.