



## 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)

Suburb / Town

State

Postcode

## 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. You may return this claim and all relevant documents to any of the following:

Via Post to TRUenergy Customer Resolutions  
TRUenergy  
Locked Bag 14060  
Melbourne City Mail Centre VIC 8001

Via email to [retailclaims@truenergy.com.au](mailto:retailclaims@truenergy.com.au)

Via fax to 1300 363 398

**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.**