

CLAIMS FORM

Mail or fax completed form to:

San Diego Gas & Electric
Attn: Claims Department
P. O. Box 129831
San Diego, CA 92112-SD1166

Telephone - 800/411-7343 Fax - 858/541-5737
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Name: Last Name First Name		Spouse: Last Name First Name		E-mail Address:	
Home Telephone: ()		Work Telephone: ()		Cellular Telephone: ()	
Mailing Address:		Apt No. :	City:	State:	Zip Code:
Incident Date:	Time:	Customer Account #:	Incident Address, Street, City, State, Cross Street:		

Description of Incident:

PROPERTY DAMAGE: If SDG&E accepts liability for your property damage claim, we will reimburse you for the repair cost, replacement cost, or the actual cash value, whichever is less. Please provide us with copies of repair estimates, invoices, proof of purchase, or other supporting documentation. Our investigation of your claim is *not* an admission of liability or an indication that SDG&E is responsible for your damages.

Make	Model No.	Date/Amount of Purchase	Repair Cost	Replace-ment Cost	Amount Claimed	COMPANY USE

PERSONAL INJURY: Other Losses (lost wages, lost revenue, medical expenses, etc.). Use additional paper if necessary.

Witnesses: (Name, Address, and Telephone):		Other

Have you contacted your insurance carrier?	Name of Insurance Company and Claims Adjuster:	Telephone: ()
Yes No		

I understand that all documentation submitted in support of this claim will be reviewed by San Diego Gas & Electric Company. I certify that the foregoing is true and correct. Prepared by:	Date:
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