

This form is provided "without prejudice" and without admitting any legal liability on the part of Hydro One Networks Inc.

Hydro One Networks Inc. – Customer Claim Form

This form along with supporting documentation (estimates, appraisals, receipts, warranties, photographs, etc.) must be completed and mailed, couriered or faxed to Quelmec as soon as is practicable. The fax number is (613) 226-4709.			
Hydro One Account Holder: (Name as it appears on hydro bill)		Your Claim Number:	
Your Name:		Date of Incident:	
Hydro One Networks Inc. Account No.:		Time of Incident:	
Telephone No.: Home () -	() -	Were you at the property when the incident occurred? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work () -	() -	Have you reported this to your insurance company? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please indicate:</i>	
E-mail:		Insurance Broker:	
Your Mailing Address:		Insurance Co.:	
Street		Policy No.:	
Box/Unit No.		Claim No.:	
City	Postal Code	Adjuster Name:	
Location of Incident: (Service Address as it appears on Hydro One bill)			
Street			
Box/Unit No.			
911 Civic Number:			
Lot No.: (If applicable)	Conc. No. (If applicable)		
City	Postal Code		
Please describe what happened and how it resulted in damage to your property.			
Please state why you believe Hydro One Networks Inc. may be responsible for what happened.			
Signature:			
Print Name:		Date:	

Your Claim Number:

CUSTOMER CLAIM FORM – SCHEDULE OF LOSS

Please complete fully and accurately. If it is determined that Hydro One Networks Inc. is liable for any damages you have incurred, the amount is limited to the cost to repair the damaged goods. If it is determined that a damaged item cannot be repaired, **please attach written proof from the technician who inspected the item, stating that it cannot be repaired**, and fill in the Estimated Value section. All sections must be completed or the form will be returned.

PLEASE LEAVE THIS SECTION BLANK

Description of Property Damage (Include size, make, model, where applicable)	Year of Purchase (Age of item)	Cost of Repair (Attach estimates)	Estimated Value (Repair Not Possible)		
TOTAL	\$	\$	\$		