



CLAIM FORM – DNY Region, NYC & Long Island Office  
175 EAST OLD COUNTRY RD, HICKSVILLE, NY 11801 (631) 348-4115

PLEASE READ BOTH SIDES OF THIS CLAIMS FORM AND COMPLETE ALL SECTIONS (PLEASE PRINT LEGIBLY)  
ALL FORMS MUST BE SIGNED AND DATED.

Your Name \_\_\_\_\_ Mr.

\_\_\_\_\_ Mrs.

\_\_\_\_\_ Ms.

Mailing Address \_\_\_\_\_

\_\_\_\_\_ House No. and Street \_\_\_\_\_ Cross Street \_\_\_\_\_

\_\_\_\_\_ Town or Village \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_

\_\_\_\_\_ Business or Company Name (If Applicable) \_\_\_\_\_

Your Telephone \_\_\_\_\_

\_\_\_\_\_ (Area Code) Home Telephone Number \_\_\_\_\_ (Area Code) Business Telephone Number \_\_\_\_\_

Account No. \_\_\_\_\_

\_\_\_\_\_ Account Number \_\_\_\_\_

Location of Incident \_\_\_\_\_

\_\_\_\_\_ Town or Village \_\_\_\_\_ Street \_\_\_\_\_ and \_\_\_\_\_ Cross Street \_\_\_\_\_

Date and Time of Loss \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Weather Conditions Rain  Wind  Lightning  Snow  Fair  Other \_\_\_\_\_

Loss is Gas   
Related to: Vehicle

Briefly describe the events causing the damage/loss or personal injury. If known, include the name of National Grid employees or contractors involved.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the items damaged: YOU MUST INCLUDE MAKE, MODEL NUMBER and DATE OF ORIGINAL PURCHASE AND PURCHASE PRICE. Enclose a written repair bill or estimate for each damaged item. If items are not repairable, enclose a statement from a repairman stating the cost to repair them would exceed the cost to replace them along with a copy of the original purchase receipt or a written estimate of the replacement cost. Depreciation is taken on replacement items.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSURANCE COMPANY NAME: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

Have you made a claim for this loss against your insurance carrier. Yes  No

FRAUD STATEMENT REQUIRED BY THE STATE OF NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

CLAIMANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



## CLAIM POLICY

### PROVISION OF THIS FORM IS NOT AN AGREEMENT TO PAY FOR DAMAGES

**National Grid Corporation's Claims Department is the claims agent for National Grid and certain National Grid subsidiaries.**

**National Grid Claims Mailing Address (DNY Region of NYC & Long Island):**

**National Grid Claims Department  
175 East Old Country Road  
Hicksville, NY 11801**

**Telephone: (631) 348-4115**

Upon completion of our investigation and the return of this form, you will be contacted by a **National Grid Claim Representative**. Should we not receive your completed form and proofs within 60 days, we will close our file.

**National Grid** will not reimburse for injuries, damages, or losses due to service interruptions or service defects (1) induced by wind, ice, lightning, floods, storms and other such phenomena; or (2) arising from causes beyond **National Grid's** control. Such claims are not individually investigated and will be denied under the premise that they are associated with events or conditions that are beyond the Company's control.

With the exception of weather related claims, each matter is investigated to determine underlying facts. In cases where **National Grid** acknowledges responsibility, claim payments will be made only to the properly identified owners of the damaged property. Payments will not be made to contractors or other agents of the customer engaged in the inspection or repair of damaged property.

Claims relating to damages, injuries, or interruptions of service which result from acts of third parties, such as contractor dig ups or motor vehicle hits, are not paid by **National Grid**.

***Claimants are required to furnish original repair bills or repair estimates as supporting proof of damages and losses alleged.*** A final decision will not be rendered until such bills and estimates have been received. Requests for such proof shall not be construed as an agreement to pay a claim.

**National Grid** does not engage in the repair of property of others allegedly damaged due to its operation nor will it inspect damaged appliances or goods for the purpose of determining the nature or extent of damage. Such inspections and repairs must be performed by contractors or agents of the claimant's choice. **National Grid** does not recommend contractors or repair agencies.

**National Grid** may inspect or appraise damaged property for the purpose of determining fair and reasonable value. Payments will be made based on actual cash value. Waiver of inspection does not constitute agreement as to the fair and reasonable value of the damaged property. Spoiled food, medicine or other perishable merchandise should not be held for inspection but should be inventoried, listed and disposed of according to good sanitary practice.

Claimants have a common law duty to limit damages and minimize losses. Damages arising from a claimant's failure to make repairs and minimize losses will not be reimbursed.

**National Grid** contractors are responsible for their own operations and carry mandatory liability insurance. Claims relating to contractor activities will be referred to the contractor and its insurer for processing. **National Grid** will assist our customers in the resolution of contractor claims.

Claims for damages arising from interruption or irregularities in gas service are considered under the terms and conditions of the Schedule for Gas Service which is on file with and approved by the Public Service Commission of the State of New York.

Customers are cautioned not to withhold payment of gas bills pending a decision on claims filed. This practice could lead to a deterioration of the customer's credit rating and could ultimately result in a collection action including the discontinuance of service.