

### Hydro One Networks Inc. – Customer Claim Form

This form along with supporting documentation (estimates, appraisals, receipts, warranties, photographs, etc.) must be completed and returned to Quelmec as soon as is practicable. Alternatively, the documents may be faxed to **(613) 226-4709**.

<b>Hydro Account Holder:</b> (Name as it appears on hydro bill)				<b>Our Reference No.:</b> (For our office use only)			
<b>Your Name:</b>				<b>Date of Incident:</b>			
<b>Hydro One Account No.:</b>				<b>Time of Incident:</b>			
<b>Telephone No.:</b> Home Work		( ) - ( ) -		<b>Were you at the property when the incident occurred?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>E-mail:</b>				<b>Have you reported this to your insurance company?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please indicate:</i>			
<b>Your Mailing Address:</b>				<b>Insurance Broker:</b>			
<b>Street</b>				<b>Insurance Co.:</b>			
<b>Box/Unit No.</b>				<b>Policy No.:</b>			
<b>City</b>		<b>Postal Code</b>		<b>Claim No.:</b>			
<b>Location of Incident:</b> (Service Address as it appears on Hydro bill)				<b>Adjuster Name:</b>			
<b>Street</b>							
<b>Box/Unit No.</b>							
<b>911 Civic Number:</b>							
<b>Lot No.:</b> (If applicable)		<b>Conc. No.</b> (If applicable)					
<b>City</b>		<b>Postal Code</b>					
<b>Please describe what happened and how it resulted in damage to your property:</b>							
<b>Please state why you believe Hydro One may have been responsible for what happened.</b>							
<b>Signature:</b>							
<b>Print Name:</b>				<b>Date:</b>			

**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, your claim 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 that inspected the item 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)		
<b>TOTAL</b>	\$	\$	\$		