



### Guaranteed Service Standard Claim Form

Please complete and return to our customer service office at Garrison Hill, St Michael within three (3) months of the date of the event giving rise to the claim.

Account No: \_\_\_\_\_ Account Name : \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person making Claim (if different from Account Name): \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Claim Type:

- ☐ GES1 RESTORATION OF SINGLE SERVICE
- ☐ GES2 RESTORATION OF MULTIPLE SERVICES
- ☐ GES6 CONNECT/TRANSFER OF SERVICE
- ☐ GES3 INVESTIGATION OF VOLTAGE COMPLAINTS
- ☐ GES4 SIMPLE SERVICE CONNECTION
- ☐ GES5 PROVIDE COST ESTIMATE
- ☐ GES7 RECONNECTION OF SERVICE FOR DEBT
- ☐ GES8 BILLING COMPLAINTS
- ☐ GES 9 TIMELY PAYMENT OF COMPENSATION

Date of Event: \_\_\_\_\_

Remarks \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Company Use Only:

Claim ID : \_\_\_\_\_ Date: \_\_\_\_\_

Date Acknowledged: \_\_\_\_\_ Method: \_\_\_\_\_

Investigated By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

NB: Claims will be accepted or denied within two months of receipt. If accepted, the payment will be credited to the customer's account. If denied the customer will be advised accordingly.