CLAIM FORM

Corporate Claims
175 East Old Country Road- Room 1-01
Hicksville, NY 11801
PSEGLongIslandClaims@psegliny.com
Fax: 516-949-8461

Representative
File#

PLEASE REFER TO THE FAQs BEFORE COMPLETING THIS FORM

Your Name _____
Last Name First Name

Mailing Address _____
House No. and Street

_____
Town State Zip

Business Name _____
Business or Company Name (If Applicable)

Your Contact Info. _____
(Area Code) Best Contact Number (Area Code) Alternate Telephone Number Email

Account No. _____
Account Number

Location of Incident _____
Address City and State

Date and Time of Loss _____
Date Time

Weather Conditions Rain □ Wind □ Lightning □ Snow □ Fair □ Other _____

Mr. ☐
Mrs. ☐
Ms. ☐

Owner ☐
Tenant ☐

Electric ☐

Related to: Vehicle ☐

Briefly describe the events causing the damage/loss or personal injury. If known, include the name of PSEG Long Island 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. (Attach additional pages if necessary)

_____

_____

_____

_____

_____Demand Amount Sought $_____

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

If yes, please provide: INSURANCE COMPANY NAME: _____ POLICY NUMBER:_____

Notice: Any person knowingly and with intent to defraud any insurance company or other persons, 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, subject to criminal prosecution and civil penalties. Submission of this form does not necessarily guarantee any payment.

I CERTIFY THE ABOVE STATEMENTS ARE TRUE AND ACCURATE.

_____ _____
CLAIMANT'S SIGNATURE DATE