



**Corporate Claims**

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**CLAIM FORM**

Representative  
File#

*PLEASE REFER TO THE FAQs BEFORE COMPLETING THIS FORM*

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

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

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

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

House No. and Street \_\_\_\_\_ Owner

\_\_\_\_\_ Tenant

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 \_\_\_\_\_ Electric

Date and Time of Loss \_\_\_\_\_ Related to: Vehicle

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

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

Briefly describe the events causing the damage/loss or personal injury. If known, include the name of PSEG 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