

TRINIDAD AND TOBAGO ELECTRICITY COMMISSION

HEAD OFFICE: 63 FREDERICK ST, PORT OF SPAIN
FAULTY APPLIANCES CLAIM FORM

Please give complete answers in block letters

FOR OFFICIAL USE	
AREA:	
TR No.	
FAR No.	
CLAIM NO.	
CONSUMER TYPE	RATE A <input type="checkbox"/> RATE B <input type="checkbox"/>

CLAIMANT'S INFORMATION

1 Full Name (If a Company, please state)	Mr. / Mrs. / Miss. / Ms./Company		
2 Mailing Address			
3 Telephone contact	Work ☎:	Home ☎:	Mobile ☎:
4 Name on electricity account		Electricity account #	
5 Expiry date of the Inspection Certificate of Approval issued by the Chief Electrical Inspector			

PARTICULARS OF THE INCIDENT

6 Address where damage occurred			
7 Date of loss or incident		Time of loss or incident	/ am / pm
8 Description of Incident Please state full details of what happened			
9 Details of T&TEC crew that conducted repairs	Date & Time on site Truck #		
10 Trouble Report #		11 Faulty Appliance Report #	
12 Have you contacted your insurance carrier? (Tick (✓) One)	YES <input type="checkbox"/>		NO <input type="checkbox"/>
13 Insurer		☎:	

Please list the items damaged on the other side of this form and complete the rest of the form.

Take care - inflating your claim or adding extra items could see your total claim declined and possible prosecution for attempted fraud.

Failure to provide all the information may result in your claim being delayed or declined.

Note: In the case of property that cannot be repaired we will require proof of ownership as well as the technicians evaluation of the damaged components and quotations for the current cost of the damaged items or the nearest equivalent if no longer available.

DETAILS OF ITEMS BEING CLAIMED FOR

Schedule A - Items damaged but repairable

Item #	Description of property/appliances damaged	Model No	Serial No.	When purchased (Age)	Estimated repair cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				TOTAL A	\$
14	Name and address of repairer				☎:
15	Copies of relevant repair estimates and other supporting documents are attached. (Tick (✓) One)	YES <input type="checkbox"/> NO <input type="checkbox"/>			
16	If No, please state why				

Schedule B - Items damaged beyond repair

Item #	Description of property damaged beyond repair	Model No	Serial No.	Year purchased (Age)	Cost at time of purchase	Estimated replacement cost
1						
2						
3						
4						
5						
6						
					TOTAL B	\$
17	Name and address of technician who advised that items cannot be repaired				☎:	
18	Copies of relevant receipts, technician's report, quotations or other supporting documents are attached. (Tick (✓) One)	YES <input type="checkbox"/> NO <input type="checkbox"/>				
19	If No, please state why					
20	Total Dollar Amount of Claim – A + B :				\$	

DECLARATION

The above information is true, complete and correct to the best of my/our knowledge. I/We understand that any false declaration can lead to my entire claim being disqualified. I/We agree to give any further information that may be required.

Signature of Claimant	Date
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