## CLAIMS FORM

Mail or fax completed form to:

Southern California Gas Company Claims Department – GT14A3 P.O. Box 60980 Los Angeles, CA 90060 Telephone - 800/427-2200 Fax - 213/244-8214

Name: Last Name	e First Name		Spouse: Last Name First Name			E-mail	E-mail Address:			
Home Telephone: ( )						Cellular Te	Cellular Telephone:			
Mailing Address:			Apt No. :	City:		State:	State: Zip Co		e:	
Incident Date: Time: Customer			Account #: Incident Address, Street, City, Stat			City, State, Cr	ate, Cross Street:			
Description of Incident: PROPERTY DAMAGE: If The Gas Company accepts liability for your property damage claim, we will reimburse you for the repair cost,										
replacement cost, or the actual cash value, <u>whichever is less</u> . Please provide us with copies of repair estimates, invoices, proof of purchase, or other supporting documentation. Our investigation of your claim is <i>not</i> an admission of liability or an indication that The Gas Company is responsible for your damages.										
Make	Model No.	Date/Amor Purcha				Amount Claimed		COMPANY USE		
<b>PERSONAL INJURY:</b> Other Losses (lost wages, lost revenue, medical expenses, etc.). Use additional paper if necessary.										
Witnesses: (Name, Address, and Telephone):									Other	
Have you contacted your insurance carrier?         Name of Insurance Company and Claims Adjuster:         Telepho										
Yes No										

I understand that all documentation submitted in support of this claim will be reviewed by Southern California Gas Company. I certify that the foregoing is true and correct.	Date:
Prepared by:	