



# INSURANCE LETTER REQUEST

If this Insurance Request Form is incomplete this will delay the request being provided.  
Please ensure all fields are completed before submission.

## 1. Customer Details

Title		First Name		Surname	
Service Address (as per Electricity Bill)					
				Post Code	
Postal Address (if different from above)					
				Post Code	
Telephone (H)	Telephone (W)		Telephone (M)		
Email Address					

Would you like the letter:      Emailed      Posted

**National Metering Identifier (NMI)**  
(This will appear on your electricity account)

## 2. Incident Details

Date of incident	<input type="text"/>	Time of incident	<input type="text"/>
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Reason for request

## 3. Declaration

*I declare the information provided is true in every detail and that all relevant information has been provided. I declare I am the owner or responsible for the items identified in this Insurance Request Form. I understand that this request may be refused if information is untrue, concealed, or omitted.*

Name: \_\_\_\_\_

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

Please email or post your form to:      [claims@powercor.com.au](mailto:claims@powercor.com.au)      **Locked Bag 14090 Melbourne 8001**