



# Network Incident Report Request

USE BLACK  
INK ONLY

## 1. Customer Details

Mr/Mrs/Ms: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

National Meter Identifier (NMI): \_\_\_\_\_  
(refer to your last electricity bill to obtain)

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (AH) \_\_\_\_\_ (BH) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_  
(if applicable)

## 2. Incident Details

**Note:** If the address of the incident was different from your Postal Address, please provide the address of the incident below.

Incident Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

What was the approximate date and, if possible, the approximate time of the incident?

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ( am / pm )

What is the nearest cross or corner street to the address where the incident occurred? \_\_\_\_\_

Description of incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please send your completed report request form via email to [claims@ausgrid.com.au](mailto:claims@ausgrid.com.au) or via fax to 1800 620 064.  
Alternatively return via mail to:

**Claims Management**  
**Ausgrid**  
**PO Box 4009**  
**SYDNEY NSW 2001**  
Please direct all telephone queries to 131 365