



Guaranteed Service Standard Claim Form

Please complete and return to our customer service office at Garrison Hill, St Michael within three (3) months of the date of the event giving rise to the claim.

Account No: _____ Account Name : _____

Address: _____

Name of Person making Claim (if different from Account Name): _____

Mailing Address: _____

Home Telephone: _____ Work Telephone: _____ Cellular Telephone: _____

Claim Type:

- ☐ GES1 RESTORATION OF SINGLE SERVICE
- ☐ GES2 RESTORATION OF MULTIPLE SERVICES
- ☐ GES6 CONNECT/TRANSFER OF SERVICE
- ☐ GES3 INVESTIGATION OF VOLTAGE COMPLAINTS
- ☐ GES4 SIMPLE SERVICE CONNECTION
- ☐ GES5 PROVIDE COST ESTIMATE
- ☐ GES7 RECONNECTION OF SERVICE FOR DEBT
- ☐ GES8 BILLING COMPLAINTS
- ☐ GES 9 TIMELY PAYMENT OF COMPENSATION

Date of Event: _____

Remarks _____

Signature _____ Date: _____

Company Use Only:

Claim ID : _____ Date: _____

Date Acknowledged: _____ Method: _____

Investigated By: _____ Date Completed: _____

Accepted: _____ Rejected: _____

NB: Claims will be accepted or denied within two months of receipt. If accepted, the payment will be credited to the customer's account. If denied the customer will be advised accordingly.