

PUBLIC SERVICE ELECTRIC AND GAS COMPANY
80 PARK PLAZA,
CLAIM DEPARTMENT - M/C 401
NEWARK, NEW JERSEY 07101
INCIDENT REPORT

REPRESENTATIVE:

FILE #: _____
REFER TO THIS NUMBER ON ALL CORRESPONDENCE)

TELEPHONE # (973) 912 - _____

OWNER(S) NAME _____ **ACCOUNT #** _____

ADDRESS _____

PHONE NUMBER BETWEEN 8 & 4:30 _____ **BUSINESS #** _____

BEST TIME TO BE CONTACTED _____

DATE & TIME OF OCCURRENCE _____

PLACE OF OCCURRENCE _____

CROSS STREETS _____

DESCRIPTION OF OCCURRENCE (ATTACH ADDITIONAL PAGE IF NECESSARY)

DESCRIBE ITEMS DAMAGED (INCLUDE MAKE, MODEL, AGE & ORIGINAL PURCHASE PRICE) (ATTACH ADDITIONAL PAGE IF NECESSARY)

PLEASE ATTACH PROOFS OF LOSS, E.G. RECEIPTS FOR REPAIRS OR ESTIMATES FOR WORK TO BE DONE

NOTICE: Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND ACCURATE.

SIGNATURE _____ **DATE** _____