

Customer Damage Form

Please read the following information

and complete and return this form to: Synergy Claims Department
GPO Box K851, Perth WA 6842

or fax on: (08) 6212 1038

For more information call 13 13 53.

Frequently asked questions

Here are some answers to help you understand how compensation for damage claims is assessed.

1 How long will my claim assessment take?

We aim to advise you in writing of our assessment of your claim within 10 working days after receiving your claim. More complex claims may take longer to assess.

2 Do I need to provide any additional documentation?

We don't require receipts or repair reports before assessing your claim. We will advise you in writing if this information is required and you will need to provide photocopies of unmodified receipts or repair reports. We reserve the right to view original documents. Damaged items should not be disposed of until after the claim has been resolved (excluding food goods).

3 Will I be compensated for all loss or damage?

We will help customers meet the fair and reasonable cost of loss or damage caused by Synergy doing something wrong.

Where appropriate, we will meet the replacement cost for replacing "like with like", not necessarily "new for old".

We do not reimburse GST when compensating business customers who are able to lodge GST input tax credits, since this is claimed from the Australian Tax Office.

4 When will Synergy not compensate for loss or damage?

We are unable to compensate customers for any loss or damage that occurs as a result of events or circumstances outside our control including faults and Network related issues. Faults and Network related issues are the responsibility of the Network Operator, Western Power. These include (but are not limited to) claims for unplanned power interruptions.

Customer Damage Form

Please complete and send this form to: Synergy Claims Department, GPO Box K851, Perth WA 6842.

This form is made available without prejudice and without admission of liability. You must give full details of the incident and retain all damaged items until this matter is resolved.

Your details

Account number _____

Title (e.g. Mr, Mrs) _____

First name _____

Surname _____

Postal Address *(if different from incident address)*

Address _____

Suburb or town _____

Postcode _____

Daytime telephone () _____

Mobile _____

Email address _____

I do not wish for Synergy to contact me regarding any promotional or Marketing activities (please tick box)

Your business details *(complete this section for business claims only)*

Business name _____

ABN _____

Are you registered for GST Yes No

If yes, are you able to claim an input tax credit on the replacement goods? Yes No Partial Full

If partial, please indicate percentage ____%

The incident *(this section must be completed)*

Incident address _____

Suburb or town _____

Postcode _____

Date of incident _____

Time _____

am pm

Description of how the incident occurred and any other relevant details:

(to provide more information, please attach a separate sheet.)

Details of damaged items or loss _____

Model number _____

Age of item _____

Approximate cost _____

Signature _____

Date _____