

CLAIMS FORM

Mail or fax completed form to:

Southern California Gas Company
Claims Department – GT14A3
P.O. Box 60980
Los Angeles, CA 90060

Telephone: (213) 244-5151
Fax: (818) 701-3917
Email: claimsreceipts@semprautilities.com

Name: Last Name First Name		Spouse: Last Name First Name		E-mail Address:	
Home Telephone: ()		Work Telephone: ()		Cellular Telephone: ()	
Mailing Address:		Apt No. :	City:	State:	Zip Code:
Incident Date:	Time:	Customer Account #:	Incident Address, Street, City, State, Cross Street:		

Description of Incident:

PROPERTY DAMAGE: If The Gas Company accepts liability for your property damage claim, we will reimburse you for the repair cost, replacement cost, or the actual cash value, whichever is less. Please provide us with copies of repair estimates, invoices, proof of purchase, or other supporting documentation. Our investigation of your claim is *NOT* an admission of liability or an indication that The Gas Company is responsible for your damages.

Make	Model No.	Date/Amount of Purchase	Repair Cost	Replace-ment Cost	Amount Claimed	COMPANY USE

PERSONAL INJURY: Other Losses (lost wages, lost revenue, medical expenses, etc.). Use additional paper if necessary.

Witnesses: (Name, Address, and Telephone):		Other
Have you contacted your insurance carrier?	Name of Insurance Company and Claims Adjuster:	Telephone: ()
Yes No		
I understand that all documentation submitted in support of this claim will be reviewed by Southern California Gas company. I certify that the foregoing is true and correct.		Date:
Prepared by:		