

CLAIMS FORM

Mail/Fax/Scan completed form to:

Southern California Gas Company
Attention: Claims Department - GT14A3
P.O. Box 30048
Los Angeles, CA, 90030

Contact us at:
Claims Message Center: (213) 244-5800
Claims Fax Number: (818) 701-3923
SoCalGasClaimsFax@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: *(submit additional documents if needed)*

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 a photograph of the damage, copy 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 the SoCalGas Company. I certify that the foregoing is true and correct.	Date:
Prepared by:	