



## PHILADELPHIA GAS WORKS

RISK MANAGEMENT DEPARTMENT | PO BOX 3500, PHILADELPHIA, PA 19122 | (215) 684-6535 | riskclaims@pgworks.com

### GENERAL CLAIM FORM

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE AND TIME OF THE ACCIDENT/INCIDENT: \_\_\_\_\_

SPECIFIC LOSS LOCATION: \_\_\_\_\_

DESCRIPTION OF THE LOSS EVENTS BEING PRESENTED (IN DETAIL): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST THE NAMES OF ALL OCCUPANTS OF YOUR VEHICLE: \_\_\_\_\_

WHO WAS THE DRIVER? \_\_\_\_\_

WAS ANYONE INJURED? IF YES, LIST NAME(S): \_\_\_\_\_

VERIFICATION THAT THE POLICE WERE NOTIFIED OF THE LOSS (SELECT ONE): YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE PROVIDE THE POLICE REPORT DISTRICT CONTROL NUMBER: \_\_\_\_\_

NAME OF THE PGW EMPLOYEE INVOLVED: \_\_\_\_\_

PGW VEHICLE NUMBER OR TAG NUMBER: \_\_\_\_\_

NAMES OF ANY KNOWN WITNESS(ES): \_\_\_\_\_

ADDRESS AND/OR PHONE NUMBER OF THE WITNESS(ES): \_\_\_\_\_

LIST ANY INSURANCE INFORMATION (AUTO OR HOMEOWNERS, INCLUDING POLICY NUMBER AND NAME OF CARRIER): \_\_\_\_\_

**PLEASE PRINT, COMPLETE AND EMAIL THIS FORM AND THE FOLLOWING INFORMATION TO RISKCLAIMS@PGWORKS.COM:**

- **A COPY OF YOUR VEHICLE REGISTRATION AT TIME OF THE ACCIDENT/INCIDENT.**
- **A COPY OF YOUR INSURANCE DECLARATION SHEET COVERING THE DATE OF THE ACCIDENT/INCIDENT.**  
IF YOU HAVE NO INSURANCE, PLEASE INDICATE THAT IN THE LOSS DESCRIPTION. PGW WILL PROVIDE AN AFFIDAVIT OF NO INSURANCE TO BE NOTORIZED AFTER SUBMITTING THIS LOSS.
- **TWO WRITTEN ESTIMATES FOR THE REPAIR/REPLACEMENT OF YOUR PROPERTY.**
- **PHOTOGRAPHS OF YOUR DAMAGED PROPERTY AND OF THE DEFECTIVE CONDITION THAT CAUSED YOUR LOSS.**
- **NOTE: ALL DOCUMENTATION SUBMITTED WITH THIS FORM BECOMES THE PROPERTY OF PGW AND ARE NON-RETURNABLE.**

#### FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY, MUNICIPALITY OR ANY OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**SIGNATURE:** \_\_\_\_\_