CLAIM FORM

CenterPoint Energy

Please complete the form below to submit a claim.

TYPE OF CLAIM	ELECTRIC OR GAS
I am reporting damage to CenterPoint Energy facilities caused by me or a third party. I am reporting a claim for damages that I believe were caused by CenterPoint Energy.	CenterPoint Energy has Gas and Electric facilities. The incident I am reporting is a result of: Gas Electric Unknown/Other

CLAIMANT INFORMATION

First and last name   *Mailing address*

Phone   *City, State, ZIP*

Email address

INSURANCE

If you are an insurance company reporting a claim for your insured or reporting a third party damage please include your information here.

Company name   *Insurance adjuster name*

Insurance claim number   *Insurance adjuster contact number*

Insured's first and last name   *Insurance fax number*

Insurance policy number   *Insurance adjuster email*

INCIDENT INFORMATION

Location of incident   *Date of incident*   *Approximate time of incident*   ☐ AM ☐ PM

Responding Law Enforcement Agency   *Agency report number*

Brief description of the incident

_____

_____

_____

_____

_____

_____

_____

_____

_____

Additional comments

_____

_____

_____

_____

DAMAGES

As a result of this incident, I sustained:

Property damage   Property damage and/or bodily injury   Auto property damage   Auto property damage and/or bodily injury

PROPERTY DAMAGE

ITEM DESCRIPTION	MAKE/BRAND	MODEL	AGE	AMOUNT CLAIMED

VEHICLE DAMAGE

Vehicle make _____ *Vehicle year* _____ *License plate #* _____

Vehicle model _____ *VIN #* _____

Was this filed with your insurance, *if yes please insert insurance information under the claimant section.*

Yes   No   Name(s) of passenger(s) in vehicle

_____   _____   _____

_____   _____   _____

Owner of vehicle (first and last name) _____

Vehicle lienholder (if applicable) _____

Auto claims may require a copy of the title

BODILY INJURY

Brief description of your injury

_____

_____

_____

Name of Medical Provider and Expenses	AMOUNT

WITNESS

NAME	ADDRESS	PHONE NUMBER

Once you have completed this form please mail it to: CenterPoint Energy Claims Department, PO Box 61860, Houston, TX 77208-1860 or fax it to 713-207-0204.