



Guaranteed Service Standard Claim Form

PLEASE COMPLETE AND RETURN TO OUR CUSTOMER SERVICE OFFICE AT GOVERNMENT HILL OR CARLISLE HOUSE BRIDGETOWN OR FAX TO 246-436-5036 WITHIN THREE(3) MONTHS OF THE DATE OF THE EVENT GIVING RISE TO THE CLAIM. YOUR CLAIM MAY NOT BE CONSIDERED IF MADE OUTSIDE OF THIS PERIOD.

You

Account No.: _____

Customer Name (PLEASE PRINT): _____

Address: _____

Name of Person making Claim (if different from above): _____

Mailing Address: _____

Telephone Number: _____ (home) _____ (work) _____ (mobile)

e-mail Address: _____

Service Business Residential

Claim

Standard against which Claim is being made (tick where applicable)

- | | |
|---|--|
| <input type="checkbox"/> GTS 1A Approval of Application for service | <input type="checkbox"/> GTS 2 Fault Repair |
| <input type="checkbox"/> GTS 3 Repeated Loss of Service | <input type="checkbox"/> GTS 4 Response to Customer Complaints |
| <input type="checkbox"/> GTS 5 Customer Appointments | <input type="checkbox"/> GTS 7 Wrongful Disconnection |

N.B - For **GTS 1B** - Approval of Application for service and **GTS 6** - Reconnection after disconnection for non-payment, there is automatic compensation **i.e. No claim is necessary.**

Approximate date problem began: _____

Please give a brief description of the problem: _____

Claimant's Signature: _____ Date: _____

Official

FOR LIME USE ONLY

Received by: _____ Department: _____

Date Received: _____ Department: _____

Completed by: _____ Reference No.: _____

Date Completed: _____ Claim Amount: _____

Customer Advised by: _____ Department: _____

Customer Advised Date & Time: _____

Comments _____

NB: Claims will be accepted or denied within two (2) months of receipt. If accepted, the payment will be credited to the customer's account. If denied, the customer will be advised accordingly.