

| OFFICE USE ONLY |  |
|-----------------|--|
| REFERENCE NO:   |  |



# Multinet Gas Customer Claim Form

Please be advised that:

- The provision of this form by Multinet Gas does not constitute and should not be relied upon as constituting any admission of liability by Multinet Gas to any of the matters alleged by you
- To expedite Multinet Gas's review of your claim, please ensure you provide sufficient evidence to support your claim. Multinet Gas's investigations will not commence until all such information has been received. See section 4 for more information.

## 1. CLAIM INFORMATION

### YOUR DETAILS

(PLEASE PRINT CAREFULLY)

|                                   |  |                    |  |                     |  |
|-----------------------------------|--|--------------------|--|---------------------|--|
| <b>Title:</b><br>(ie Mr, Mrs, Ms) |  | <b>First Name:</b> |  | <b>Surname</b><br>: |  |
|-----------------------------------|--|--------------------|--|---------------------|--|

**Are you claiming as a:**  Tenant  Landlord/Owner  Business Owner  Other (i.e Insurer)

|   |  |               |  |                  |  |
|---|--|---------------|--|------------------|--|
| <b>Supply Address:</b><br>(Where incident occurred) |  |               |  |                  |  |
| <b>Suburb:</b>                                      |  | <b>State:</b> |  | <b>Postcode:</b> |  |

### MIRN (Meter Installation Registration Number):

(Located on rear of first page on your Gas bill)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|   |  |               |  |                  |  |
|---|--|---------------|--|------------------|--|
| <b>Postal Address:</b><br>(If different from above) |  |               |  |                  |  |
| <b>Suburb:</b>                                      |  | <b>State:</b> |  | <b>Postcode:</b> |  |

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Tel (Home):</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Tel (Work):</b>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Tel (Mobile):</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Email:</b>        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 2. INCIDENT DETAILS

|                       |  |
|-----------------------|--|
| <b>Incident Date:</b> |  |
|-----------------------|--|

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### 3. IMPORTANT INFORMATION

When required, Multinet Gas will assess claims relating to a network fault in accordance with the *Gas Distribution System Code v11* issued by the Essential Services Commission of Victoria (ESC).

A copy of the code is available on request; or can be viewed on the Essential Services Commission’s website: [www.esc.vic.gov.au](http://www.esc.vic.gov.au).

It is your responsibility to arrange repairs or obtain repair quotes. Any costs incurred will be your responsibility until a full assessment of your claim has occurred.

Multinet Gas may be unable to accept responsibility for claims that are a result of causes outside of its control.

### 4. SUPPORTING EVIDENCE

Sufficient evidence must be submitted when requesting compensation believed to be due to a Multinet Gas network supply fault.

#### If you are claiming plumber’s call-out fees

Multinet Gas requires an invoice or report from a Registered Plumber stating the incident date and the work completed during the call-out.

#### If you are claiming appliance damage

Multinet Gas requires a repair assessment from a Registered Repairer or manufacturer. This documentation **must** state the cause and extent of damage to your appliance.

**Note: Evidence must be submitted to progress your claim. Evidence is to be submitted on plumber’s or repairer’s company letterhead. Your claim will not be processed until sufficient evidence has been provided.**

### 5. PARTICULARS OF YOUR CLAIM

Regarding the incident referred to above, including the evidence required, please provide details in support of your claim:

| ITEM CLAIMED          |  | EVIDENCE ATTACHED(Yes/No) | AMOUNT CLAIMED |
|-----------------------|--|---------------------------|----------------|
| 1                     |  |                           |                |
| 2                     |  |                           |                |
| 3                     |  |                           |                |
| 4                     |  |                           |                |
| Total Amount Claimed: |  |                           |                |

### 6. PAYMENT METHOD

Should your claim be successful, you authorise payment to be made to the bank account nominated below.

**Note: Multinet Gas takes no responsibility for incorrect banking details provided. Please ensure that your banking details are correct.**

BSB:    -    ACCOUNT NO:

|                                       |  |
|---------------------------------------|--|
| <b>Name of Account:</b>               |  |
| <b>Name of Bank:</b>                  |  |
| <b>Name of Branch/Suburb:</b>         |  |
| <b>Type of Account (i.e. Savings)</b> |  |

## DECLARATION

(please read carefully)

By signing this form, you acknowledge that:

- The information you have provided is true and accurate. Your claim may be refused if information is deemed untrue or incorrect
- Delays may occur in processing your claim if insufficient evidence has been submitted
- You are the owner of the damaged appliance(s) identified in this form and no other person(s) will make a claim against Multinet Gas for the same incident
- In submitting this form, you will co-operate with Multinet Gas and its authorised independent assessors, or any other third party who Multinet Gas may engage in relation to your claim
- Personal information collected on this form will be used to process and administer your claim
- Your personal information may be shared with our contracted service providers or third parties (eg repairer/assessor) for the purpose of claim assessment, and you consent to this disclosure
- The claim process may also involve the collection of additional personal information regarding the claim from a third party (ie repairer/assessor) and you consent to this collection and disclosure
- Your personal information may be contained in reports commissioned by Multinet Gas to process your claim. These reports are the sole property of Multinet Gas

Note: Full details on how your personal information (including sensitive) may be used, handled or disclosed by us and how you may request access to your personal information is contained in our Privacy Policy at <https://www.multinetgas.com.au>

- You have read and submitted all pages in this Multinet Gas Claim Form
- Multinet Gas reserves its right at law.

|                    |  |              |  |
|--------------------|--|--------------|--|
| <b>SIGNATURE:</b>  |  |              |  |
| <b>PRINT NAME:</b> |  | <b>DATE:</b> |  |

## SUBMIT YOUR CLAIM

Claims and evidence can be submitted to the **Multinet Gas Claims Department** via [mngresolutions@agig.com.au](mailto:mngresolutions@agig.com.au) or via Multinet Gas Customer Resolutions, PO Box 449, Mount Waverley VIC 3149. Upon receipt of your completed claim form, Multinet Gas will contact you with regards to the next steps of our assessment process.