## **CONSUMER REPORT OF DAMAGES**



(907) 771-5750 (907) 561-6206 FAX

UTILITY INFORMATION:	*THIS SECTION FOR UTILITY USE ONLY*					
Utility Name: Alaska Village Electric Cooperative Claim Received:						
Contact Person:	ntact Person: Contact Phone No.:					
Email: @						
1.) CONSUMER INFORMATION:						
The undersigned submits the following report and information relating to damaged property.						
Name:						
<b>Account Holder:</b> $\Box$ Yes $\Box$ No (if no, please provide account holder's info.)						
Hm. Phone:	Cell Phone: Wk. Phone:					
Mailing Address:						
Email:	Consumer Account No.:					
*ONLY FILL IN THIS SECTION IF YOU ARE NOT THE ACCOUNT HOLDER*						
Account Holder's Name(s):						
Hm. Phone: Cell Phone:	Wk. Phone:					
Mailing Address:						
Email: @						
2.) LOSS:						
Date of Loss:	Time: □AM □PM					
Location of Loss:						
Nature of Occurrence: □Power O	utage $\square Power Surge$ $\square Weather:$					
$\Box$ Other:						
Description of Occurrence:						
Other Comments:						

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## ARECA INSURANCE EXCHANGE

## **CONSUMER REPORT OF DAMAGES**

703 West Tudor Road, Suite 101 Anchorage, Alaska 99503 (907) 771-5750 (907) 561-6206 FAX

## 3.) Description of Damaged Property: (please include copies of all receipts for consideration)

Item Description	Original Purchased	Repaired or	Replacement Cost	Repair Cost		
	Date	Replaced?				
Item:						
Make:		☐ Yes				
Model:		□ No	\$	\$		
Serial No.:		l Ho	7	7		
Item:						
Make:		☐ Yes				
Model:		□ No	\$	\$		
Serial No.:		l No				
Item:						
Make:		☐ Yes				
Model:		□ No	\$	\$		
Serial No.:						
Item:						
Make:		☐ Yes				
Model:		□ No	\$	\$		
Serial No.:						
			Total: \$	Total: \$		
Injuries: □Yes □No (if no, skip, print and sign form)						
Extent of Injures:						
Medical Treament(s): □Yes □No						
First Treatment Date:						
Name of Physician/Hospital:						
Alaska Statutes require that this notice be included on all claim report forms:  A person who knowingly and with intent injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.						
Reported By:						
(Print)						
(Signature)(Date)						

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