

# Application for reconsideration of claim for loss or damage

If you are dissatisfied by the original response you received in relation to your claim, you may apply to have the decision reconsidered. Once completed, please submit or send this form and we'll reply as soon as we can.

**Email:** claims@evoenergy.com.au

**Post:** Claims Section, Evoenergy, GPO Box 366, Canberra ACT 2601

## Part 1 - Your details

Name: .....
Address: .....
Contact Number: .....
Email: .....

## Part 2 - Incident details

Your reference number: .....
Date Location of incident: .....
Claim details <i>(Please provide a brief summary of your claim)</i>
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**Part 3 - Reasons for application**

Please indicate the basis upon which you believe the original claim decision was incorrect. Please also include any new information that may further support your claim. Provide as much relevant information as possible, and attach extra notes if required.

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**Part 4 - Statement**

**I/We acknowledge that:**

- a) All information provided, and statements made, are truthful and accurate and no information likely to affect the outcome of this claim has been withheld.
- b) I/We acknowledge that Evoenergy will rely upon information supplied by me when determining this claim.
- c) The property or goods, which are subject to this claim, are owned by me/us.
- d) I have not made a claim for this damage to anyone else (including any insurers), nor will I make such a claim, if I accept any payment or other benefit from Evoenergy in the settlement of this claim.

**I declare that the information contained in this application is correct.**

Signed: ..... Date: ..... / ..... / .....