

Claimant's report of injury or damage

Date _____

Claim # (if known) _____

Owner of property damaged _____ Phone _____

Address _____

Police report # _____

Date of accident _____ Time of accident _____ a.m. p.m. Location _____

Witnesses

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Was anyone injured? Yes No If yes, list name(s): _____

Describe injury: _____

Was property damaged? Yes No

If yes, list and/or describe damages: _____

Estimated value or cost to repair (if known) \$ _____

Was a vehicle damaged? Yes No

Vehicle make _____ Vehicle model _____ Vehicle year _____

Describe how the injury/damage happened:

Date of report _____ Reported by _____

Return to: North Shore Gas - Attention: Claim Services

- Mail: 200 East Randolph Street, Chicago, Illinois 60601
- Fax: 312-240-4370
- Email: Claims@northshoregasdelivery.com

Questions: Call 866-227-2941