

Claim Form

Please fill out, print and mail to:

Southern California Edison Company
P.O. Box 900
Rosemead, CA 91770

(800) 655-4555 – Fax (626) 569-2573
 Web site: www.sce.com/claims
 E-mail: claims@sce.com

⇒ Click fields to enter information

Name: Last Name		First Name		Spouse: Last Name		First Name		E-mail Address:	
Home Telephone: ()				Work Telephone: ()				Cellular Telephone: ()	
Mailing Address:				Apt No. :		City:		State:	
Incident Date:		Time:	Account #:		Incident Address, Street, City, State, Cross Street:				
Description of Incident: Use additional paper if necessary.									
<p>PROPERTY DAMAGE: If Edison accepts liability for your property damage claim, we will reimburse you for either the repair cost, replacement cost, or the actual cash value, <u>whichever is less</u>. Please provide us with copies of repair estimates, invoices, proofs of purchase, or other supporting documentation. For food spoilage, please include a separate itemized list with proofs of purchase. This is not an admission of liability or an indication that Southern California Edison Company is responsible for your damages.</p>									
Make	Model No.	Date/Amount of Purchase	Repair Cost	Replace-ment Cost	Amount Claimed	COMPANY USE			
<p>PERSONAL INUURY: Other Losses (lost wages, lost revenue, medical expenses, etc.) . Use additional paper if necessary</p>									
Witnesses: (Name, Address, and Telephone):								SCE	Other
Have you contacted your insurance carrier?			Name of Insurance Company and Claims Adjuster:			Telephone:			
Yes No						()			
Prepared by:								Date:	
Date:									