

Claim submitted to Enbridge Gas Inc.

Please type or print clearly all of the information requested on this form and complete each section.

IMPORTANT: Please attach all supporting documentation to this claims form.



Claimant information

Corporation/business name:

Mr. Mrs. Ms.

Last name:

First name:

Address of occurrence:

City:

Province:

Postal code:

Mailing address (if different from above address):

City:

Province:

Postal code:

Main contact phone:

Enbridge Gas account number (if a current customer):

Date of occurrence (dd/mm/yy):

Email address:

Total amount claimed:

If the claim relates to a residential property:

Are you the owner? Are you a tenant?

Description of events (please provide detailed information about your claim):

List of documents attached to this claims form:

Today's date (dd/mm/yy):

Claimant signature:

Please return your completed claims form by:

Email: claims_department@enbridge.com

Mail: 500 Consumers Road
Toronto, ON M2J 1P8
ATTN: Claims Dept

Please allow a minimum of 90 days from date of receipt to be contacted for a status update.