

833 Arbor Road

Yeadon, PA 19050

September 1, 2017

C-2017-2611940

Secretary

Pennsylvania Public Utility Commission

400 North Street

Harrisburg, Pennsylvania 17120

RECEIVED

Re : Case # 3531178

SEP - 1 2017

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

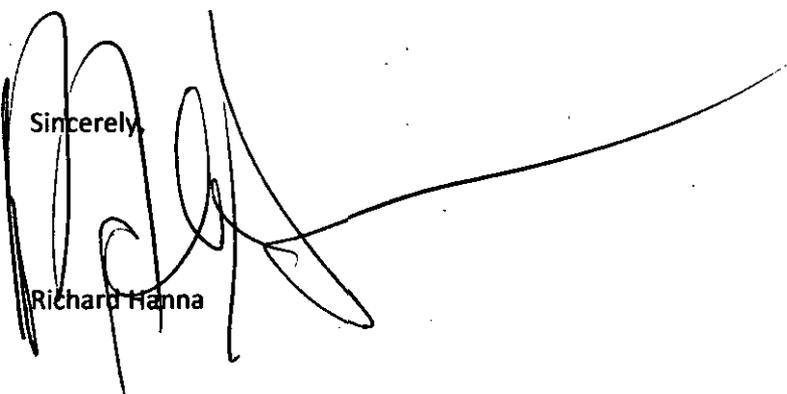
Dear Sirs,

Please be advised that I was contacted by PGW. They wanted to know if I would forego the PUC formal complaint process. I was not satisfied and told them so. Please process this complaint in the normal manner.

Thanking you in advance.

Sincerely,

Richard Hanna





**Philadelphia Gas Works
Risk Management Department**

800 W. Montgomery Ave, Philadelphia, PA 19122
Telephone: (215) 684-6535 – Fax: (215)684-6526

July 24, 2017

Richard Hanna
833 Arbor Rd,
Yeadon, PA 19050

Dear Mr. Hanna:

Attached you will find a claim submission form.

Please mail completed form and supporting documents including photos to:

Philadelphia Gas Works
Attn: Risk Management Department
800 W. Montgomery Ave
Philadelphia, PA 19122

If you have any questions, you may contact me at (215) 684-6535.

Sincerely,

Berk Atillasoy

Berk Atillasoy
Risk Management Department

RMD/bca

*I HAVE NOT FORGOTTEN ABOUT YOUR
BILL. PGW DID FORWARD ME
CLAIMS FORMS*

PHILADELPHIA GAS WORKS

RISK MANAGEMENT DIVISION | 800 W. Montgomery Avenue, Philadelphia, PA 19122-2806 | (215) 684-6535

GENERAL CLAIM INFORMATION FORM (Rev. March, 2017)

NAME: RICHARD HANNA TODAY'S DATE: 7/30/2017

ADDRESS: 833 ARBOR ROAD HOME PHONE NUMBER: 610 626 3250

YEADON CELL PHONE NUMBER: 484 422 5452

CITY/STATE/ZIP: 19070 WORK PHONE NUMBER: _____

DATE OF BIRTH: 8/3/1950 SOCIAL SECURITY NUMBER: _____
(Must provide date of birth and social security number in order for claim to be processed.)

DATE AND TIME OF THE ACCIDENT/INCIDENT: _____

SPECIFIC LOSS LOCATION: 5830 DICKENS AVE PHILA PA 19153

LIST THE NAMES OF ALL OCCUPANTS OF YOUR VEHICLE: _____

WHO WAS THE DRIVER?: _____

WAS ANYONE INJURED? IF YES, LIST NAME(S): _____

DESCRIPTION OF THE LOSS EVENTS BEING PRESENTED (IN DETAIL):
SEE ENCLOSED

VERIFICATION THAT THE POLICE WERE NOTIFIED OF THE LOSS (Circle One): YES NO

PLEASE PROVIDE THE POLICE REPORT DISTRICT CONTROL NUMBER: _____

NAME OF THE PGW DEPARTMENT INVOLVED: _____

NAME OF THE PGW EMPLOYEE INVOLVED: _____

PGW VEHICLE NUMBER OR TAG NUMBER: _____

NAMES OF ANY KNOWN WITNESS(ES): _____

ADDRESS AND/OR PHONE NUMBER OF THE WITNESS(ES): _____

LIST ANY INSURANCE INFORMATION (AUTO OR HOMEOWNERS, INCLUDING POLICY NUMBER AND NAME OF CARRIER): _____

IN ADDITION TO COMPLETING THIS FORM, PLEASE PROVIDE THIS OFFICE WITH THE FOLLOWING INFORMATION:

- A COPY OF YOUR VEHICLE REGISTRATION AT TIME OF ACCIDENT/INCIDENT.
- A COPY OF YOUR INSURANCE DECLARATION SHEET COVERING THE DATE OF THE ACCIDENT/INCIDENT.
IF YOU HAVE NO INSURANCE PLEASE INDICATE THAT IN THE LOSS DESCRIPTION. PGW WILL PROVIDE AN AFFIDAVIT OF NO INSURANCE TO BE NOTARIZED AFTER SUBMITTING THIS LOSS.
- TWO WRITTEN ESTIMATES FOR THE REPAIR/REPLACEMENT OF YOUR PROPERTY.
- PHOTOGRAPHS OF YOUR DAMAGED PROPERTY AND OF THE DEFECTIVE CONDITION THAT CAUSED YOUR LOSS.
- NOTE: ALL DOCUMENTATION SUBMITTED WITH THIS FORM BECOMES PROPERTY OF PGW AND ARE NON-RETURNABLE.

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, MUNICIPALITY OR ANY OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES

SIGNATURE: [Signature]

R. HANNA
833 ARBOR RD
YEADON PA 19050



SECRETARY
PENNSYLVANIA PUBLIC UTILITY
COMMISSION
400 NORTH STREET
HARRISBURG PA 17120