



**DAMAGE CLAIM FORM**  
 AES Ohio Claims Administration  
 P.O. Box 341088, Dayton, OH 45434

Please complete and email form to: [aesohioclaims@aes.com](mailto:aesohioclaims@aes.com)

**CLAIMANT CONTACT INFORMATION**

FULL NAME (LAST, FIRST, INITIAL)			DATE	
MAILING ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL	E-MAIL ADDRESS	

**INCIDENT DATA**

DATE	TIME	AES OHIO ACCOUNT #
STREET OR ROAD OF INCIDENT		CITY
DESCRIBE WHAT HAPPENED		

**SUPPORTING DOCUMENTS FOR DAMAGED ITEMS**

For property damage losses submit receipts, estimates and invoices. For business related losses we may require additional documentation on a case-by-case basis.

ITEM	MODEL #	AGE	VALUE	AMOUNT CLAIMED

**MISCELLANEOUS ITEMS I.E. PERSONAL INJURY, MEDICAL EXPENSE**


**WITNESS**

NAME	ADDRESS	HOME PHONE	CELL PHONE
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**CLAIMANT**

By signing this form you understand that AES Ohio reviews each claim on a case-by-case basis, our review is not an admission of liability or an indication that AES Ohio is responsible for your damages and you are certifying that the information on this form is true and correct.

SIGNATURE	DATE
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AES Ohio is committed to evaluating each claim on a case-by-case basis in a fair and professional manner, however, in many instances, damage is more likely to be covered by a homeowner's or business's insurance policy or other type of insurance. Therefore, you may want to also contact your applicable insurer(s).