

4. AUTHORITY

- 4-1 The Claims Officer or his/her designee shall make necessary adjustments to any claim's value, based on age, physical condition, and/or fair market value of all items identified as damaged, to ensure a fair and legitimate compensation.
- 4-2 The Damage Claims Committee shall review all claims for technical merits, based on investigation reports, logs and records, and professional experience. Findings and recommendations are to be submitted to the Claims Officer for concurrence.
- 4-3 The General Manager, or his/her designee, has the authority to approve or disapprove all claims, up to \$3,000 (In Accordance with P.L. 21-90).

5. RESPONSIBILITY

- 5-1 The Claims Officer is responsible in overseeing that claims are processed in a timely manner. He/she shall also be responsible for advising and disbursing payment to claimant once claims package has been reviewed and awarded by the Claims Committee, and Release Forms have been signed.
- ▶ Efforts must be made to credit the claimant's account first, if applicable, prior to processing a refund check.
- 5-2 The Business Office Supervisor
- ▶ shall receive and review all submitted claim forms for completeness and assign a claim number.
 - ▶ determines the appropriate investigative action and/or disposition.
 - ▶ log and forwards package to Claims Committee
 - ▶ compile, maintain, and report findings to the General Manager on a monthly basis

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- 5-3 The Engineering / T&D Department shall conduct field investigations as necessary to render technical advise and determine the cause of the alleged damaged.
- 5-4 The Safety Office shall verify that damaged equipment does exist and conduct further investigation as needed. Verification shall determine age, serial numbers, and/or physical condition of claimed items.
- 5-5 The Damage Claim Committee is responsible for reviewing all information submitted in the claims package and render a decision to award or deny such claim. Should questionable information be found in the package, the Committee shall affect a follow-up investigation for clarification.
- 5-6 The Budget Department certifies the availability of funds and verifies that acceptable receipts of repairs and/or estimates are attached, and agrees with amount to be paid on claim.
- 5-7 The Accounting Department procures the payment check after making sure that Budget's certification stamp and the signature of the Claims Officer have been secured on the appropriate form.

6. CLAIMS COMMITTEE

- 6-1 The committee shall consist of five (5) members, with one (1) representation each from Engineering, T&D, PSCC, Safety, and Customer Service Divisions.
- 6-2 A minimum of three (3) committee members must be present to review a damage claim package and render a decision to approve or deny a claim.
- 6-3 The approval signature of at least three (3) members of the Committee shall be required to approve a claim.
- 6-4 Should a claim fail to garner an approval, with less than five (5) members present, it shall be afforded a second review by the committee, at the next earliest meeting. The decision of the committee at the second review shall be final.

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7. DISAPPROVED CLAIMS

The Claims Officer will inform the claimant of the disapproved claim and explain the nature in which the decision was applied and advise claimant of his/her right to appeal.

NOTE: Damages caused by Acts of Nature (typhoons, earthquakes, etc..) places no liability on GPA. Such claims will be automatically denied.

8. APPROVED CLAIMS

8-1 The Claims Officer will make every attempt to contact the claimant at the earliest possible time and inform the claimant of the results.

8-2 Meet with the customer to identify possible adjustments to credit an account prior to releasing any reimbursement check.

9. RELEASING OF CHECKS

9-1 Claimant must sign a release form provided by the Claims Officer prior to the releasing of the check.

9-2 Supportive documents are forwarded to Accounting for final disposition.

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EXHIBIT "A"

CUSTOMER DAMAGE CLAIM FORM

CLAIM NO. _____

Dear Customer: Please complete Items 1-10. GPA will provide you a written response as soon as our investigation is completed.

1. Customer Name: _____ 2. Date: _____
3. Village Address: _____ 4. Phone No. where you
Mailing Address: _____ can be reached between
8am - 5pm: _____
5. Please indicate hours during the day when GPA can inspect your damaged equipment: _____
6. Time & Date of Equipment Failure or Damage:
_____ AM/PM ____/____/____
7. List Appliances and Equipment Damaged and Included Under Claim;

Item/Serial No.	Purchase Price of Item	Age of Appliance/ Equipment	Already Repaired (Yes/No)	If yes, Repair Costs

8. Remarks: Please provide any information which you believe will process your claim:

9. In the event that the Authority should reimburse me for the damaged appliance(s) I shall surrender to GPA the said appliance(s) before a release of the check is made to me.

10. CERTIFICATION: I certify that the above is true and correct to the best of my knowledge.

11. Signature: _____ Accepted by: _____

CUSTOMER SERVICE DEPT., PLEASE RETAIN A COPY & SEND ORIGINAL TO ENGINEERING!

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EXHIBIT "B"

TO BE COMPLETED BY ENGINEERING DEPARTMENT

1. Date Received: ____/____/____

2. Damage Corresponds to Circuit Outage: ____yes ____no

If **YES**, describe details of the outage (include date, circuit identification, cause of failure, etc.)

3. Verification of damaged equipment made? ____yes ____no

4. Serial no./ID no. of damaged equipment obtained? ____yes ____no

5. T & D personnel interviewed:

NAMEPOSITION

6. **Recommendation:** ____ Customer should be compensated for damages based on adjusted amount of claim.

____ GPA should not be liable for damages claimed.

7. **Justification:**

Investigated By: _____

Mgr, Engineering: _____

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EXHIBIT "C"

TO BE COMPLETED BY TRANSMISSION & DISTRIBUTION

1. Date Received: ____/____/____

2. Damage Corresponds to Circuit Outage: ____yes ____no

If YES, describe details of the outage (include date, circuit identification, cause of failure, etc.)

3. Verification of damage equipment made? ____yes ____no

4. Serial no./ID no. of damaged equipment obtained? ____yes ____no

5. T & D personnel interviewed:

NAMEPOSITION

6. Was clearance obtained from:

GTA / /
JOB ORDER NO. _____

PUAG / /
JOB ORDER NO. _____

7. **Recommendation:** / / Customer should be compensated for damages based on adjusted amount of claim.

/ / GPA should not be liable for damages claimed.

8. **Justification:**

Investigated By: _____

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EXHIBIT "D"

DATE:

TO: General Accounting Supervisor

VIA: Budget Department

FROM: Manager, Customer Services

SUBJECT: Refund for Claim

It is hereby requested that a refund be made for CLAIM NO. _____

REASON: _____

NAME: _____

ACCOUNT NO.: _____

MAILING ADDRESS: _____

CONTACT NO.: _____

AMOUNT OF REFUND: \$ _____

APPROVED FOR PAYMENT BY: _____

DATE: _____

WILLIAM R. QUICHOCHO, Manager, Customer Services

CLAIMS

- Processed and Cleared for Refund

Cleared by: _____

Claims Officer

Date Released: _____

BUDGET

- Certification of Funds Cleared

Certified by: _____

Date Certified: _____

ACCOUNTING

- Check Processed

Check No.: _____

Processed by: _____

Date Processed: _____

CODES: * REVISED # ADDED

EXHIBIT "E"

DAMAGE CLAIM SURVEY

The Guam Power Authority would like to do its best to better serve you, our valued customers. With this in mind, we encourage our customers to participate in making suggestions to improve our services to the public.

Damage Claimed:

Estimated Cost of Damages: \$ _____

Claimed Approved () Disapproved ()

How long were you able to know your results? _____

Was Representatives Courteous? Yes () No ()

Was inquiry handle professionally? Yes () No ()

Are you satisfied with our settlements? Yes () No ()

If not, please explain:

If you wish a reply, please fill in the information below:

Name: _____

Mailing Address: _____

Contact No(s) .:

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EXHIBIT "F"

R E L E A S O R

(Civil Code 1541, 1542)

_____ (Releasor) alleges that _____
sustained damages arising from the following occurrence:

This claim by _____ (Releasor) was filed with the
Guam Power Authority on _____, 19____.

In consideration of _____ paid by the Guam Power Authority
(Releasee) to _____ (Releasor), said _____
(Releasor) for _____ heirs, executors, administrators and assigns
do/does hereby fully release the Guam Power Authority, its employees, agents,
officers, directors and assigns, from all claims and causes of action by
reason of any damage which has been sustained, or may be sustained, whether
known or unknown, as a result of the aforementioned occurrence.

This release pertains to a disputed claim and does not constitute an
admission of liability for said occurrence on the part of Guam Power
Authority, its employees, agents, officers, directors and assigns.

_____ (Releasor) has read all of the foregoing and
understands it.

Executed on _____, 19____, in Agana, Guam.

(Signature of Releasor)

(Signature of Releasor's
Attorney if applicable)

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