

BODY CORPORATE

CLAIM FORM: GEYSER

The acceptance of this form is not an admission of liability on the part of the underwriters.

Policy Number		Claim Number	
Name of Body Corporate / Share block			
Address			
Owner Name		Owner Contact Number	

DETAILS OF CLAIM			
Date of Loss		Time of Loss	
Brief details of circumstances			
Property Damage?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so. Please give a description			
Estimated claim amount			

GEYSER DETAILS		
	Old	New
Code		
Serial		
Make		
Size		
KPA		
Is the geyser under Warranty?		

RESULTANT DAMAGE DETAILS			
Item	Description of the damage	Size of affected area	Cost per square meter
Floors/Carpets			R
Ceiling			R
Cupboards			R

Please note: Quotations must contain a detailed description of the damage, the size of the affected area and the cost per square meter. Only one quote is required if the amount is less than R10, 000 and two quotes if the amounts are more than R10, 000.

Have you previously suffered or sustained a loss/damage?	Yes		No	
If so, please give a description				
Is there any other insurance covering this loss?	Yes		No	
If so. please give a description				

Banking details of Body Corporate			
Account Name		Bank Name	
Branch Code		Account Number	

Signatures			
Chairperson's/Trustee Signature		Unit Owner Signature	
Date			