

GEYSER CLAIM FORM

Gauteng ☎: +27 (0)11 704 3858	Western Cape ☎: +27 (0)21 551 5069	KwaZulu Natal ☎: +27 (0)31 459 1795
---	--	---

Insurance Company:	Policy No.:
--------------------	-------------

Name of Body Corporate / Shareblock / HOA: Address where loss/damage occurred: Unit/Section no. where loss/damage occurred Contact Details Name: Tel No. (day) & Capacity:	_____
Date and Time of loss/damage: _____ H _____	_____ H _____
When was loss/damage discovered?	_____ H _____
_____	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Trustee <input type="checkbox"/> Mng Agent

Geyser Replacement: Geyser capacity Geyser Details:	<table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;"><input type="checkbox"/> No</td> <td style="width: 33%;"></td> </tr> <tr> <td><input type="checkbox"/> 100l</td> <td><input type="checkbox"/> 150l <input type="checkbox"/> 200l <input type="checkbox"/> 250l</td> <td><input type="checkbox"/> Other: _____ l</td> </tr> <tr> <td colspan="2" style="text-align: center;">Old Installation</td> <td style="text-align: center;">New Installation</td> </tr> <tr> <td>Code:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Serial No.:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Make:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Size</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>OperatingKPA:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Make ofPRV:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>NRVInstalled:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>DripTray Installed:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> 100l	<input type="checkbox"/> 150l <input type="checkbox"/> 200l <input type="checkbox"/> 250l	<input type="checkbox"/> Other: _____ l	Old Installation		New Installation	Code:	_____	_____	Serial No.:	_____	_____	Make:	_____	_____	Size	_____	_____	OperatingKPA:	_____	_____	Make ofPRV:	_____	_____	NRVInstalled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	DripTray Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No																																	
<input type="checkbox"/> 100l	<input type="checkbox"/> 150l <input type="checkbox"/> 200l <input type="checkbox"/> 250l	<input type="checkbox"/> Other: _____ l																																
Old Installation		New Installation																																
Code:	_____	_____																																
Serial No.:	_____	_____																																
Make:	_____	_____																																
Size	_____	_____																																
OperatingKPA:	_____	_____																																
Make ofPRV:	_____	_____																																
NRVInstalled:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																
DripTray Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																

Geyser Components only: Specify components replaced: Other repairs:	<table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;"><input type="checkbox"/> No</td> <td style="width: 33%;"></td> </tr> <tr> <td><input type="checkbox"/> Thermostat</td> <td><input type="checkbox"/> Element</td> <td><input type="checkbox"/> Valve <input type="checkbox"/> Vacuum Breaker</td> </tr> <tr> <td colspan="3">_____</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Thermostat	<input type="checkbox"/> Element	<input type="checkbox"/> Valve <input type="checkbox"/> Vacuum Breaker	_____		
<input type="checkbox"/> Yes	<input type="checkbox"/> No									
<input type="checkbox"/> Thermostat	<input type="checkbox"/> Element	<input type="checkbox"/> Valve <input type="checkbox"/> Vacuum Breaker								

Resultant Damage	<table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 33%;">Type: <input type="checkbox"/> Floors/Carpets <input type="checkbox"/> Ceilings <input type="checkbox"/> Cupboards <input type="checkbox"/> Other</td> <td style="width: 33%;"></td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: <input type="checkbox"/> Floors/Carpets <input type="checkbox"/> Ceilings <input type="checkbox"/> Cupboards <input type="checkbox"/> Other	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: <input type="checkbox"/> Floors/Carpets <input type="checkbox"/> Ceilings <input type="checkbox"/> Cupboards <input type="checkbox"/> Other			

Body Corporate Bank Details:

All claim payments will be made to the Body Corporate bank account.

Account name: _____

Bank: _____

Branch: _____

Account no.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account type: _____

Branch no.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IMPORTANT: This claim form must be signed by at least two of the parties listed below.

Trustee

Trustee 2 / Managing Agent

Section Owner / Witness

Name: _____

Name: _____

Name: _____

Date: _____

Date: _____

Date: _____