

# GEYSER CLAIM FORM

<b>Gauteng</b> ☎: +27 (0)11 704 3858	<b>Western Cape</b> ☎: +27 (0)21 551 5069	<b>KwaZulu Natal</b> ☎: +27 (0)31 459 1795
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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: _____	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Trustee <input type="checkbox"/> Mng Agent Date and Time of loss/damage: _____ / _____ / _____ H _____ When was loss/damage discovered? _____ / _____ / _____ H _____
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<b>Geysers Replacement:</b> Geysers capacity Geysers Details:	<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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center; border-bottom: 1px solid black;">Old Installation</td> <td style="width:50%; text-align: center; border-bottom: 1px solid black;">New Installation</td> </tr> <tr><td>Code: _____</td><td>_____</td></tr> <tr><td>Serial No.: _____</td><td>_____</td></tr> <tr><td>Make: _____</td><td>_____</td></tr> <tr><td>Size: _____</td><td>_____</td></tr> <tr><td>Operating KPA: _____</td><td>_____</td></tr> <tr><td>Make of PRV: _____</td><td>_____</td></tr> <tr><td>NRV Installed: <input type="checkbox"/> Yes    <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td></tr> <tr><td>Drip Tray Installed: <input type="checkbox"/> Yes    <input type="checkbox"/> No</td><td><input type="checkbox"/> Yes    <input type="checkbox"/> No</td></tr> </table>	Old Installation	New Installation	Code: _____	_____	Serial No.: _____	_____	Make: _____	_____	Size: _____	_____	Operating KPA: _____	_____	Make of PRV: _____	_____	NRV Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drip Tray Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Drip Tray Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																		

<b>Geysers Components only:</b> Specify components replaced: Other repairs:	<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
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<b>Resultant Damage</b>	<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
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**Body Corporate Bank Details:** All claim payments will be made to the Body Corporate bank account.

Account name: \_\_\_\_\_ Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account no.: 

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 Account type: \_\_\_\_\_ Branch no.: 

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**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: _____