

FAST TRACK GEYSER CLAIM

Subject to terms and conditions of the policy

Policy no. _____

Name of broker _____ Email _____
 Name of insured _____
 Contact name _____ Email _____
 Telephone _____ Cell _____
 Address where loss occurred _____
 Body Corporate section no. _____ Unit no. _____
 Date of loss _____ Time of loss _____
 Purpose of occupation _____
 Has the geyser burst YES NO
 Size of geyser 100 litres 150 litres 200 litres 250 litres
 If the geyser was repaired and not replaced, please specify what was repaired

DETAILS OF RESULTANT DAMAGE

Floors/carpets _____
 Ceiling _____
 Cupboards _____
 Quotation must contain a detailed description of the damage, the size of the affected area and the cost per square metre. Only one quote is required if less than R10 000 and two quotes if more than R10 000.

Have you previously suffered or sustained a damage or a loss YES NO

If YES, please give details

Is there any other insurance covering this loss/damage YES NO

If YES, please give details

PAYMENT DETAILS

Payee Body Corporate Unit owner Managing agent
 Name of payee _____
 Name of bank _____ Branch no. _____
 Account no. _____

Please note that your Insurer does not accept responsibility for incorrect banking details supplied.

PAYMENT DETAILS

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that your Insurer has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

PROTECTION OF PERSONAL INFORMATION

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Claim form completed by _____ Capacity _____

Signature _____

Date _____