



GEYSER CLAIM FORM

CLAIM NO.: _____

The acceptance of this Form is not in itself an admission of liability on the part of the Insurers

| | | |
|--|--|-------|
| P O L I C Y | 1. POLICY NUMBER | _____ |
| | 2. NAME OF BODY CORPORATE / SHAREBLOCK | _____ |
| | 3. ADDRESS | _____ |
| | 4. NAME OF UNIT OWNER & CONTACT NUMBER | _____ |
| | 5. UNIT NUMBER | _____ |
| | 6. NAME OF PERSON REPORTING CLAIM & CONTACT NUMBER | _____ |

| | | |
|----------------------------------|--|---|
| C L A I M | 7. DATE OF LOSS / TIME OF LOSS | _____ / _____ / _____ : _____ |
| | 8. BRIEF DETAILS OF CIRCUMSTANCES | _____ _____ _____ |
| | 9. RESULTANT DAMAGE? <i>(If so, please provide a brief description)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | 10. POLICY EXCESS : COLLECTED & AMOUNT | <input type="checkbox"/> Yes <input type="checkbox"/> No R _____ |

| G E Y S E R | Old Installation | | New Installation | |
|--|--|--|--|--|
| | CODE: | _____ | CODE: | _____ |
| | SERIAL: | _____ | SERIAL: | _____ |
| | MAKE: | _____ | MAKE: | _____ |
| | SIZE: | _____ | SIZE: | _____ |
| | OPERATING KPA: | _____ | KPA | _____ |
| | MAKE OF PRV: | _____ | PRV | _____ |
| | NRV INSTALLED: | <input type="checkbox"/> Yes <input type="checkbox"/> No | NRV | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DRIP TRAY INSTALLED: | <input type="checkbox"/> Yes <input type="checkbox"/> No | DRIP TRAY: | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|-------|
| C O M M E N T S | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |

_____ has replaced the geyser at the abovementioned premises
and the excess of R _____ has been paid to the contractor.

SIGNED: _____ CHAIRPERSON / TRUSTEE _____ DATE _____ UNIT OWNER _____ DATE