

GEYSER CLAIM FORM

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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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Geyser Replacement: Geyser capacity Geyser 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 style="border-bottom: 1px solid black;">Code: _____</td> <td style="border-bottom: 1px solid black;">Code: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Serial No.: _____</td> <td style="border-bottom: 1px solid black;">Serial No.: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Make: _____</td> <td style="border-bottom: 1px solid black;">Make: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Size: _____</td> <td style="border-bottom: 1px solid black;">Size: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Operating KPA: _____</td> <td style="border-bottom: 1px solid black;">Operating KPA: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Make of PRV: _____</td> <td style="border-bottom: 1px solid black;">Make of PRV: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NRV Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="border-bottom: 1px solid black;">NRV Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Drip Tray Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="border-bottom: 1px solid black;">Drip Tray Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Old Installation	New Installation	Code: _____	Code: _____	Serial No.: _____	Serial No.: _____	Make: _____	Make: _____	Size: _____	Size: _____	Operating KPA: _____	Operating KPA: _____	Make of PRV: _____	Make of PRV: _____	NRV Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	NRV Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drip Tray Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drip Tray Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Drip Tray Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drip Tray Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No																		

Geyser Components only: 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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Resultant Damage	<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.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											Account type: _____	Branch no.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											

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: _____