

www.addsure.co.za	Head Office ☎ +27 (0)21 551 5069	geysers@addsure.co.za
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Insurance Company: _____	Policy No.: _____
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Name of Body Corporate / Shareblock / HOA Address where damage occurred: Unit/Section No. where loss/damage occurred Contact Details Name: Tel No. (day) & Capacity Date and Time of loss/damage When was loss/damage discovered?	_____ _____ _____ _____ _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Trustee <input type="checkbox"/> Mng Agent ____ / ____ / ____ ____ H ____ ____ / ____ / ____ ____ H ____

IMPORTANT NOTE

The insurer will require all relevant information as listed below in order to process the claim. Please ensure the contractor provides full details as requested below and includes new geyser details on their invoice. Photos of the old and new installation should also be included together with the Certificate of Compliance. Failure to submit all relevant information on this claim form may hinder the claim process and restrict settlement.

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: 1px solid black;">Old Installation</td> <td style="width:50%; text-align: center; border: 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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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: _____