



PROPERTY LOSS / GEYSER DAMAGE CLAIM FORM

INSURER		POLICY NUMBER	VAT REG NUMBER
CLIENT DETAILS	Name & Occupation		
	Address		
	Contact Number		
LOSS / DAMAGE OCCURRENCE	Date and Time of Loss / Damage		
	When was the Loss / Damage discovered?		
LOSS / DAMAGE PLACE	Address where Loss / Damage occurred		
	Were premises occupied? If so, by whom?		
	If not occupied, when last occupied?		
	State any other damage to property caused by the burst geyser		
PREVIOUS LOSS / DAMAGE	Have you previously suffered Loss / Damage?		
	If so, give details		
	If Insured, provide name of Insurer		
OTHER INTEREST	Has any other party an interest in the insured property, e.g. Credit Agreement?		
	If so, give name and interest		
OTHER INSURANCE	Is there any other insurance covering this Loss / Damage?		
	If so, give name of Insurer		
VALUE	Estimated total value of all the property insured under the policy		
	When last valued?		
SIS CALL CENTRE	Was the Call centre contacted for assistance?		
PAYMENT METHOD	If payment is due to you, please complete the banking detail section below:		
	Account Holder Name:		
	Name of Bank	Branch	
	Name of Account	Account No	
DECLARATION	I / We solemnly declare the I / We have suffered loss of or damage to the property due to the burst geyser.		
	Insured's Signature	Capacity	Date