

# GEYSER CLAIM FORM

1 Kelly Road, Bedfordview, 2008	claims@stinsure.co.za T 010 822 2882	Broker :
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Insurance Company: _____	Policy No.: _____
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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 ____

<b>Geysers Replacement:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Geysers capacity	<input type="checkbox"/> 100ℓ <input type="checkbox"/> 150ℓ <input type="checkbox"/> 200ℓ <input type="checkbox"/> 250ℓ <input type="checkbox"/> Other: _____ ℓ	
Geysers Details:	<input type="checkbox"/> Old Installation	<input type="checkbox"/> 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

<b>Geysers Components only:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify components replaced:	<input type="checkbox"/> Thermostat <input type="checkbox"/> Element <input type="checkbox"/> Valve <input type="checkbox"/> Vacuum Breaker	
Other repairs:		

<b>Resultant Damage</b>	<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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<b>Body Corporate Bank Details:</b>	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; text-align: center; width: 150px; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					Account type: _____	Branch no.: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

<b>IMPORTANT: This claim form must be signed by at least two of the parties listed below.</b>		
_____ Trustee	_____ Trustee 2 / Managing Agent	_____ Section Owner / Witness
Name: _____	Name: _____	Name: _____
Date: _____	Date: _____	Date: _____

STINSURE (PTY) LTD IS A MEMBER OF THE SOLVER GROUP OF COMPANIES - ALL CLAIMS AND ADMINISTRATION ARE UNDER SUPERVISION OF ADDSURE FSP 15269