

GEYSER CLAIM FORM

SECTIONAL TITLE

Name of scheme

Policy number

Address of scheme (where the loss occurred)

Insurer

Door number

If a geyser replacement:

Section number

Old geyser details

Geyser make

Size of geyser

Code

Serial number

Manufacture date

Contact person

Contact name

Contact phone

Contact email

New geyser details

Geyser make

Size of geyser

Code

Serial number

Manufacture date

Date of Loss

Time of loss

Replace or Repair?

Details of any repair

Geyser cost R

Resulting damage

Damages cost R

If resulting damage, please describe:

Signed by

Dated

Signed by

Dated

