

## FAST TRACK GEYSER CLAIM

### Subject to terms and conditions of the policy

**Policy no.** \_\_\_\_\_

Name of broker \_\_\_\_\_ Email \_\_\_\_\_

Name of insured \_\_\_\_\_

Contact name \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Address where loss occurred \_\_\_\_\_

Body Corporate section no. \_\_\_\_\_ Unit no. \_\_\_\_\_

Date of loss \_\_\_\_\_ Time of loss \_\_\_\_\_

Purpose of occupation \_\_\_\_\_

Has the geyser burst YES      NO

Size of geyser    100 litres      150 litres      200 litres      250 litres

If the geyser was repaired and not replaced, please specify what was repaired

\_\_\_\_\_

\_\_\_\_\_

### DETAILS OF RESULTANT DAMAGE

Floors/carpets \_\_\_\_\_

Ceiling \_\_\_\_\_

Cupboards \_\_\_\_\_

Quotation must contain a detailed description of the damage, the size of the affected area and the cost per square metre. Only one quote is required if less than R10 000 and two quotes if more than R10 000

Have you previously suffered or sustained a damage or a loss YES      NO

If YES, please give details

\_\_\_\_\_

\_\_\_\_\_

Is there any other insurance covering this loss/damage YES      NO

If YES, please give details

\_\_\_\_\_

\_\_\_\_\_

### PAYMENT DETAILS

Payee                      Body Corporate                      Unit owner                      Managing agent

Name of payee \_\_\_\_\_

Name of bank \_\_\_\_\_ Branch no. \_\_\_\_\_

Account no. \_\_\_\_\_

**Please note that HOLLARD does not accept responsibility for incorrect banking details supplied.**

**I declare that the above statements are true.**

Claim form completed by \_\_\_\_\_ Capacity \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_