



OFFICE HOURS 0860101305

FAX 0315712527

[geysers@corporate-sure.co.za](mailto:geysers@corporate-sure.co.za)

[claims@corporate-sure.co.za](mailto:claims@corporate-sure.co.za)

### CLAIM FORM

**AFTER HOURS**  
GEYSER CALL CENTRE  
foji 0861 777 333

POLICY NO.:

THE ACCEPTANCE OF THIS FORM IS NOT IN ITSELF AN ADMISSION OF LIABILITY ON THE PART OF THE UNDERWRITERS

1. CLAIM NUMBER	
2. NAME OF BODY CORPORATE / SHAREBLOCK	
3. ADDRESS	
4. NAME OF UNIT OWNER & CONTACT NUMBER	
5. UNIT NUMBER	
6. NAME OF PERSON REPORTING CLAIM & CONTACT NUMBER	
<b>DETAILS OF CLAIM</b>	
7. DATE OF LOSS	
8. TIME OF LOSS	
9. BRIEF DETAILS OF CIRCUMSTANCES	
10. PROPERTY DAMAGE?	YES    NO
IF SO PLEASE PROVIDE A BRIEF DESCRIPTION	
11. POLICY EXCESS	AMOUNT R
12. AMOUNT CLAIMED	AMOUNT R

GEYSER DETAILS			THIRD PARTY DETAILS	
GEYSER	OLD	NEW	NAME	
CODE			SURNAME	
DERIAL			ADDRESS	
MAKE			TEL NO	
SIZE			ID NUMBER	
KPA			VEHICLE MAKE	
PRV			REGISTRATION	
NRV			INSURANCE	
DRIP TRAY			DETAIL	

THE EXCESS OF R _____ HAS BEEN PAID TO _____ (NAME OF CONTRACTOR)	<b>BANKING DETAILS</b>	
CHAIRPERSON'S / TRUSTEE'S SIGNATURE: _____  UNIT OWNER'S SIGNATURE: _____  DATE: _____	ACCOUNT NAME	
	BANK NAME	
	BRANCH CODE	
	ACCOUNT NUMBER	