

GEYSER CLAIM FORM

| VOICELOG (if applicable) | | | | | | | | | | | |
|--|----------------|--|--------|----------------|------|---------|----------|--------|-------------|---------|----|
| Voice Log Date | | | | Voice Log Time | | | | | | | |
| Telephone Extension | | | | | Call | | Inc | coming | 0 | utgoing | |
| | | | INSURE | -D | | | | | | | |
| Name of Insured | | | | | | | | | | | |
| Policy Number | | | | | | | | | | | |
| Insured Contact Details | Cell Number | | | | | | | | | | |
| | Email Address | | | | | | | | | | |
| | | | | | | | | | | | |
| Address where loss/damage occurred: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Is insured the | Owner | | Tenant | | | Trustee | | Ν | Managing Ag | | |
| Date and time of loss/damage | | | | | | | | | | | |
| | | | | | | | | | | | |
| Brief description of | | | | | | | | | | | |
| circumstances | | | | | | | | | | | |
| Geyser Details | Capacity | | 100L | | 150L | | Other | | Unkn | own | |
| Geyser Burst | 1 | | | | | | <u> </u> | | | Yes | No |
| Geyser Repair | | | | | | Yes | No | | | | |
| | Damages to | | | | | | | | | | |
| Any resultant damages: Please Specify | Floors/Carpets | | | | | | | Yes | No | | |
| | Ceilings | | | | | | | Yes | No | | |
| | Cupboards | | | | | | | Yes | No | | |
| | Other | | | | | | | Yes | No | | |

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Quicksure (Pty) Ltd Reg No 99/24616/07 | Vat No 4450149051 | FSP No 16902 DIRECTORS JE Bunting (Executive Chairman), S Rajab (Chief Executive Officer),

| | Is there any other insurance covering the loss/damage | | | | | | |
|-----------------|---|--|--|--|--|--|--|
| Other Insurance | If yes, please give details | | | | | | |
| | | | | | | | |
| | It is recommended that any amount payable to you be transmitted by electronic bank transfer for speedier settlement and security reasons. If you are agreeable to this, please provide the following information: | | | | | | |
| | Name of Bank | | | | | | |
| | Branch Code | | | | | | |
| | Account Number | | | | | | |
| | Account Holder | | | | | | |

| DECLARATION | | | | | | | |
|---|--|------|--|--|--|--|--|
| I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above. | | | | | | | |
| Capacity | | Date | | | | | |
| Signature of Insured | | | | | | | |

