

## **GEYSER & RESULTANT DAMAGE CLAIM FORM**

OUR CLAIM NO.:

INSURED	Full Name:		Cell	Cell No.:	
	Day Tel. No. (H/W):		Ema	Email Address:	
N N	Address:				
DETAILS OF GEYSER BURST	Date & time of Geyser Burst:		l l	When was it discovered?	
	Description of circumstances:				
Was there resultant property damage? Yes No					
Description of damage:					
GEYSER DETAILS	GEYSER	OLD		NEW	
	CODE				
	SERIAL				
	MAKE				
	SIZE				
	KPA				
	PRV				
	NRV				
	DRIP TRAY				
PAYMENT & BANK DETAILS	Policy Excess: (R)		Amo	Amount Claimed: (R)	
	Account Name:		Bank	Bank Name:	
	Account Number:		Bran	Branch name & code:	
	The excess of R has been p		d to		
Signature		Date	Date		



POLICY NO.:

