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 Bryte Insurance Company Limited does not accept responsibility for incorrect banking details supplied.

PAYMENT DETAILS

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that Bryte Insurance Company Limited has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

PROTECTION OF PERSONAL INFORMATION

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Claim form completed by _____ Capacity _____

Signature _____ Date _____