

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 _____	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.				
Ceiling _____					
Cupboards _____					
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.

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 The Hollard Insurance Company Ltd 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 _____