

SANTAM REAL ESTATE

Claim form

The acceptance of this form is not in itself an admission of liability on the part of the underwriters.

Policy number: Claim number:

Name of body corporate / share block:

Address:

Name of unit owner and contact number:

Unit number:

Name of person reporting claim and contact number:

Details of claim

Date of loss: Time of loss:

Brief details of circumstances:

Property damage? Yes / No :

If so, please provide a brief description:

Policy excess: Amount R Amount claimed Amount R

Geyser detail

| Geyser | Old | New |
|---------------|------------|------------|
| Code: | | |
| Serial: | | |
| Make: | | |
| Size: | | |
| KPA: | | |
| PRV: | | |
| NRV: | | |
| Drip tray: | | |

Third party details

Name:

Surname:

Address

Contact number:

ID number:

Vehicle make:

Registration:

Insurance detail:

The excess of R has been to paid (name of contractor).

Banking details

Account name: Bank name:

Branch code: Account number:

Signatures

Chairperson's / trustee's signature: Unit owner's signature:

Date: