



LIVING IN HARMONY WITH OUR
INSURANCE

Southdowns Office Park, Block D, Second Floor, 22 Karee Street, Irene,
Centurion

Postnet Suite #11, Private Bag X32, Highveld Park 0169

T: 0860 101 305 www.c-sure.co.za

Claim form

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

| | | | | |
|--|-----|-----|----------------------------|----|
| 1. Policy number | | | | |
| 2. Claim number | | | | |
| 3. Name of body corporate/share block | | | | |
| 4. Address | | | | |
| 5. Name of unit owner and contact number | | | | |
| 6. Unit number | | | | |
| 7. Name of person reporting claim and contact number | | | | |
| Details of claim | | | | |
| 8. Date of loss | | | | |
| 9. Time of loss | | | | |
| 10. Brief details of circumstances | | | | |
| | | | | |
| 11. Resultant damage | | | Yes | No |
| If so, please provide a brief description | | | | |
| | | | | |
| 12. SAPS Reference | | | | |
| | | | | |
| 13. Policy excess | | | Amount R | |
| 14. Amount claimed | | | Amount R | |
| Geyser detail | | | Third party details | |
| Geyser | Old | New | Name | |
| Code | | | Surname | |
| Serial | | | Address | |
| Make | | | Contact number | |
| Size | | | ID number | |
| KPA | | | Vehicle make | |
| PRV | | | Registration | |
| NRV | | | Insurance detail | |
| Drip tray | | | | |

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



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Chairperson's/trustee's signature

Unit owner's signature

Date

| | |
|------------------------|--|
| Banking details | |
| Account name | |
| Bank name | |
| Branch code | |
| Account number | |