econorisk

CLAIM FORM
FAST TRACK GEYSER

Claim No. (office use)		Policy No.		Date Received	

Purpose: Use this form to register a geyser claim and provide the information required for assessment.
Please attach photographs and supporting quotations/reports where applicable.

BROKER & INSURED DETAILS

Name of Broker		Broker Email	
Name of Insured / Unit Owner		Contact No.	
Email		Tenant Name	
Tenant Contact No.			

PROPERTY & INCIDENT DETAILS

Name of Body Corporate / Shareblock		Unit No.	
Body Corporate Section No.		Purpose of Building	
Date of Incident		Time of Incident	
Address where loss occurred			
How did the loss occur?			
Additional Circumstances / Description			

GEYSER DETAILS

Size	100 L		150 L		200 L		250 L		Has the geyser burst?		Yes		No	
Geyser Condition		Old		New		Code								
Serial No.						Make								
kPa						PRV		Yes		No				
NRV						Drip Tray		Yes		No				

DAMAGE & REPAIRS

Resulting Damage?	Yes		No		**Supplier / Contractor Details**	
Damage Replaced?	Yes		No		Name	
Damage Repaired?	Yes		No		Email	
					Contact No	

If geyser was repaired and not replaced, specify what was repaired	
Resulting damage description /affected area	
Policy Excess	

WHO COMPLETED / LOGGED THIS CLAIM?										
Select	Owner		Tenant		Managing Agent		Rental Agent		Broker	
Name										
Contact No.					Capacity / Role					
Signature					Date					

Declaration: I/We confirm that the information supplied on this form is true and correct to the best of my/our knowledge.
I/We understand that supporting information may be requested to assess the claim.