

a world class African city

City Power Johannesburg

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Booysens 2016

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www.citypower.co.za

INSURANCE CLAIM FORM (PUBLIC LIABILITY)

NAME	
ELECTRICITY ACCOUNT NUMBER / PRE PAID METER NUMBER (to verify purchase of electricity)	
STREET ADDRESS	
CODE	
DOCTAL	
POSTAL ADDRESS CODE	
CITY POWER/ CALL CENTRE REFERENCE NUMBER (Mandatory)	
CONTACT TELEPHONE NUMBER	
CONTACT CELLPHONE NUMBER	
CONTACT : EMAIL ADDRESS	
DATE OF THE INCIDENT	
TIME OF THE INCIDENT	
BRIEF DESCRIPTION OF HOW THE LOSS / DAMAGE OCCURRED	

Non-Executive Directors: D Gibson (Chairperson of the Board), J du Plessis, D Hunt, M Jojozi, N Kgope, P Mabece, M Mashabela, M Mello, B Mpangalasane Executive Directors: M Ntsokolo (Chief Executive Officer), N Xolo (Chief Financial Officer) Company Secretary: M Smith Registration number: 2000/030051/30 - VAT number: 4710191182

LIST OF DAMAGED ITEMS AND AMOUNTS CLAIMED PER ITEM (QUOTES OR INVOICES TO BE ANNEXED	
TO CLAIM FORM).	
PLEASE NOTE THAT NO CLAIM WILL BE	
FORWARDED TO OUR BROKERS WITHOUT QUOTATIONS.	
QUOTATIONS.	
QUANTIFICATION OF CLAIM (BODILY INJURY CLAIMS	
ONLY)	

I/we declare to the best of my/our knowledge that the above statements are true.

SIGNATURE

DATE.....

THIS IS A SAMPLE OF AN INSURANCE CLAIM FORM OUTLINING THE DETAILS THE INSURANCE COMPANY WOULD REQUIRE TO PROCESS A CLAIM. THE COMPLETED FORM CAN BE SENT TO THE INSURANCE DEPARTMENT – CITY POWER, 2ND FLOOR, 40 HERONMERE ROAD, REUVEN OR EMAILED TO <u>cswartz@citypower.co.za</u>, ON RECEIPT OF A CLAIM, IT WILL BE FORWARDED TO CITY POWER'S INSURERS FOR THEIR ATTENTION. PLEASE ENSURE THAT REPAIR/REPLACEMENT QUOTATIONS ARE ATTACHED