

BROKER

Tel number	<input type="text"/>	Fax number	<input type="text"/>
Policy number	<input type="text"/>		
Insured	<input type="text"/>		

INSURED

Tel number	<input type="text"/>	Fax number	<input type="text"/>
Cell number	<input type="text"/>		
Address where loss occurred	<input type="text"/>		
Section/Unit number	<input type="text"/>		
Date of damages or Loss	<input type="text"/>		

Burst geyser	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Size of geyser	100 Litre <input type="checkbox"/>	150 Litre <input type="checkbox"/>	200 Litre <input type="checkbox"/>	250 Litre <input type="checkbox"/>	
Geyser repair	100 Litre <input type="checkbox"/>	150 Litre <input type="checkbox"/>	200 Litre <input type="checkbox"/>	250 Litre <input type="checkbox"/>	
Resultant damages	Floors <input type="checkbox"/>	Carpets <input type="checkbox"/>	Ceilings <input type="checkbox"/>	Cupboards <input type="checkbox"/>	Other <input type="checkbox"/>

DECLARATION

I/we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Western may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto. I understand that I may be liable for output VAT in terms of section 8(8) of the VAT Act 89 of 1991.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured's signature	Capacity	Date