



WATER LOSS CLAIM

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DATE	30 May 2016

Claim Number: (Office use only) _____ AccNo: _____ Connection No: W _____

NB: CLAIM FORM TO BE SUBMITTED WITHIN 60 DAYS OF REPAIRS BEING CARRIED OUT.

1. The Plumber's invoice must accompany the claim form, or if not available, must be submitted within a reasonable period after the claim form has been submitted. Where repairs are not carried out by a registered plumber, an inspection will be done and an inspection fee of the cost +10% will be deducted from the claim.

2. Date leak was repaired must be noted and claim form must be signed.

Return completed claim form & plumbers invoice to Sembcorp Siza Water (PTY) Ltd or Fax: 032 946 2188 or Email: info-sizawater@sembcorp.com

NB: PLEASE ENSURE YOU KEEP PROOF OF FAX TRANSMISSION/DELIVERY

CONTACT DETAILS FOR QUERIES:

Sembcorp Siza Water (PTY) Ltd, Suite 1-4, Reypark House, Rey's Place, Avondale, Ballito

Telephone Number: 032 946 7200, Fax Number: 032 946 2188, Email: info-sizawater@sembcorp.com

Meter reading immediately after repair: Reading: _____ Date: _____

Account Holders Name: _____ ID No.: _____

Postal Address: _____

Telephone Number :(Home): _____ (Work): _____ (Cell): _____

Email Address: _____

Address where loss occurred: _____

Description of Dwelling: (Please mark with X) _____

1. Private Dwelling _____ 2. Block of Flats _____ 3. Duplex/Simplex _____

If 2 or 3 above are applicable, does each unit have its own individual water meter? Yes _____ No _____

Date water leak was repaired: _____

Name of Plumber _____ Tel No.: _____

Plumber's Number _____ Contractor's Number _____

State briefly the circumstances around the loss _____

If loss caused by another party, provide details of person (s) responsible. Name _____

Address _____

Telephone Number (H) _____ (W) _____

Have you had any previous claims? Yes/No. _____ If yes, state date _____

Do you have a bond on the property? Yes/No. _____ If yes, State Name of Bond Holder & A/C No.: _____

Do you have Building/Contents insurance? Yes/No. _____ If yes, Name of Insurance Company & Policy No.: _____

I/we hereby declare that the foregoing particulars are correct in every respect

Signed: _____ Date: _____

NB: BEFORE SUBMITTING YOUR CLAIM PLEASE ENSURE THAT THE METER HAS STOPPED MOVING WHEN NO WATER IS BEING USED. WE CANNOT PAY CLAIMS WHERE THERE IS STILL A LEAK IN PROGRESS.