



FPA UNDERWRITING MANAGERS (PTY) LTD
 CAPE TOWN BRANCH
 2nd FLOOR PROTEA PLACE, PROTEA RD, CLAREMONT
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claims@firstprop.co.za

FAST TRACK GEYSER CLAIM FORM

Broker		Tel No	
Policy Number			
Insured Name			
Unit Number			
Date of Damage / Loss			

Contact details of the Insured / Tenant / Responsible person

Name			
Tel No		Cell No	
Address where the loss occurred			

Please tick the type loss per below options

Burst Geyser	100 Lt		150 Lt		200 Lt		250 Lt	
Geyser Repair	YES		NO					
Is there resultant damage from this incident		YES		NO				

PLEASE SUBMIT BANK DETAILS FOR ELECTRONIC FUNDS TRANSFER PURPOSES

Payee Type	Body Corporate		Unit Owner **		Managing Agent	
Payee Name						
Bank		Branch No				
Account No						

**** A letter of Authority will be required to release a payment to a Unit Owner directly**

I acknowledge that the aforesaid payment will be made to me by FPA on behalf of CENTRIQ in terms of the policy between CENTRIQ and myself and is made entirely without prejudice to any rights which FPA and CENTRIQ may have in terms of such policy.

I hereby record and acknowledge that this settlement is binding upon me and under no circumstance shall this settlement be set aside, subject to revision and or subject to precedent .

FPA DOES NOT ACCEPT RESPONSIBILITY FOR INCORRECT BANK DETAILS SUPPLIED

Name		Capacity	
Date		Signature	