



a world class African city



City Power Johannesburg

40 Heronmere Road Box 38766 Tel +27(0) 11 490 7000
Reuven Booyens Fax +27(0) 11 490 7590
Johannesburg 2016

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	
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: L Maseko (Chairperson of the Board), N Batyi, P Kedama, N Kgope, T Marah, L Mathabathe, K Mthembu, B Ramokhele, M Seopela, K Setzin, P Thobejane, B Twala

Executive Directors: M Ntsokolo (Chief Executive Officer), N Xolo (Chief Financial Officer) Company Secretary: M Smith

Registration number: 2000/030051/30 - VAT number: 4710191182

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

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 mmaisha@citypower.co.za . ON RECEIPT OF A CLAIM, IT WILL BE FORWARDED TO CITY POWER'S INSURERS FOR THEIR ATTENTION. PLEASE ENSURE THAT REPAIR/REPLACEMENT QUOTATIONS ARE AT