



CLAIM FORM



Licensed financial services provider FSP 20555

Claim Number: _____

Full pressure _____ Semi Pressure _____

Acc No: _____

Connection No: **W** _____

Accounts will only be suspended for 45 days from the date the claim number is issued by eThekwini Water Services. The Plumber's invoice must accompany the claim form.

A R50.00 inspection fee will be deducted if the Plumber is not registered with eThekwini Water Services. Faxed copy of this form and plumber's invoice must be confirmed with the originals. Claim form to be submitted within 60 days of repairs being carried out. Date water leakage was repaired, must be noted. Claim form must be signed.

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

Contact details for queries (only after submitting claim documentation to eThekwini Water Services):

Block B, Sunbury Park, Sunbury Crescent (off Douglas Saunders Drive), La Lucia Ridge. P.O. Box 5145, Sunbury Park, Durban, 4019
e-mail: waterloss@aon.co.za Tel: +27 31 566-6046 Fax: +27 31 566-6040

Account Holder's Name: _____

Postal Address: _____

Telephone Number: (H) _____ (W) _____ (Cell) _____

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, does each unit have its own individual water meter? Yes _____ No _____

Date water leakage was repaired: _____

Name of Plumber: _____

Plumber's Number: _____ Contractor's Number: _____

State briefly the circumstances surrounding 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: _____

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

Signed: _____ Date: _____

Inspector's Declaration (office use only)

I / we confirm having inspected the repairs and confirm that they have been carried out in accordance with the bylaws of eThekwini Water Services

Signed: _____ Date: _____ Meter Reading: _____

(Please return completed claim form and plumbers invoice to eThekwini Water Services)