



## WATER LOSS CLAIM FORM

Claim Number: (Office use only) \_\_\_\_\_ Acc No: \_\_\_\_\_ 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 carried out by a Non – Metro approved plumber, an inspection will be done and an inspection fee of R100.00 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 eThekweni Water Services or FAX 031 3118220 or email [eservices@durban.gov.za](mailto:eservices@durban.gov.za)

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

CONTACT DETAILS FOR QUERIES:

Westwood Insurance Brokers, Santoni House, 7 Sinembe Crescent, Sinembe Business Park, La Lucia Ridge, 4051 or P.O. Box 22006 GLENASHLEY, 4022 - Telephone Number: (031) 3369400 \*Fax Number: (031) 3042443 \*Email: [waterloss@wwib.co.za](mailto:waterloss@wwib.co.za)

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.