



a world class African city



City Power Johannesburg

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Johannesburg 2016

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INSURANCE CLAIM FORM (PUBLIC LIABILITY)

NAME	
ELECTRICITY ACCOUNT NUMBER	
STREET ADDRESS	
CODE	
POSTAL ADDRESS CODE	
CITY POWER/ CALL CENTRE REFERENCE NUMBER (Mandatory)	
CONTACT TELEPHONE NUMBER	
CONTACT CELLPHONE NUMBER	
CONTACT FAX NUMBER AND EMAIL ADDRESS	
DATE OF THE INCIDENT	
TIME OF THE INCIDENT	
BRIEF DESCRIPTION OF HOW LOSS OCCURRED.	

DESCRIPTION OF LOSS OR DAMAGE (PROOF OF DAMAGE TO BE ANNEXED TO CLAIM)	
QUANTIFICATION OF LOSS	

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 LEGAL SERVICES – CITY POWER, 2ND FLOOR, LEGAL SUITE, 40 HERONMERE ROAD, REUVEN OR FAXED TO (011) 490-7736 OR EMAIL TO LEGALCLAIMS@CITYPOWER.CO.ZA ON RECEIPT OF A CLAIM, IT WILL BE FORWARDED TO CITY POWER’S INSURERS, MESSRS AON