



a world class African city



City Power Johannesburg

40 Heronmere Road  
Leuven  
Johannesburg

PO Box 38766  
Booyens  
2016

Tel +27(0) 11 490 7648

Email: [mmaisha@citypower.co.za](mailto:mmaisha@citypower.co.za)

[www.citypower.co.za](http://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 Bethlehem (Chairperson of the Board), H Chewane, D Gibson, D Hunt, N Kahlana-Mcubuse, M Mello, L Nage, M Seopela  
**Executive Directors:** L Setshedi (Chief Executive Officer)  
M Smith (Company Secretary)

Registration number: 2000/030051/30

VAT number: 4710191182

<p><b>LIST OF DAMAGED ITEMS AND AMOUNTS CLAIMED PER ITEM (QUOTES OR INVOICES TO BE ANNEXED TO CLAIM FORM).</b></p> <p><b>PLEASE NOTE THAT NO CLAIM WILL BE FORWARDED TO OUR BROKERS WITHOUT QUOTATIONS.</b></p>	
<p><b>QUANTIFICATION OF CLAIM (BODILY INJURY CLAIMS ONLY)</b></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, 2<sup>ND</sup> FLOOR, 40 HERONMERE ROAD, REUVEN OR EMAILED TO [mmaisha@citypower.co.za](mailto: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 ATTACHED.**