



City Power Johannesburg

40 Heronmere Road  
Reuven  
Johannesburg

PO Box 38766  
Booysens  
2016

Tel +27(0) 11 490 7000  
Fax +27(0) 11 490 7590

[www.citypower.co.za](http://www.citypower.co.za)

## INSURANCE CLAIM FORM (PUBLIC LIABILITY)

<b>NAME</b>	
<b>ELECTRICITY ACCOUNT NUMBER / PRE PAID METER NUMBER</b> ( to verify purchase of electricity )	
<b>STREET ADDRESS</b>	
<b>CODE</b>	
<b>POSTAL ADDRESS CODE</b>	
<b>CITY POWER/ CALL CENTRE REFERENCE NUMBER</b> ( Mandatory )	
<b>CONTACT TELEPHONE NUMBER</b>	
<b>CONTACT CELLPHONE NUMBER</b>	
<b>CONTACT : EMAIL ADDRESS</b>	
<b>DATE OF THE INCIDENT</b>	
<b>TIME OF THE INCIDENT</b>	
<b>BRIEF DESCRIPTION OF HOW THE LOSS / DAMAGE OCCURRED</b>	

<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, 2ND 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.**