

BLOCKBUSTERS- CLEARANCE CERTIFICATE



Name of Insured _____ Claim Number _____

Risk Address: _____

Cause of Damage _____

IMPORTANT:

- This clearance certificate must only be signed after the repairs undertaken have been satisfactorily completed by the team.
- There is a 12 -month workmanship warranty.
- All parts have a warranty as per manufacturer's warranty guidelines.

For quality control purposes and to enable service provider to deliver wonderful service please answer the following questions

1. Did the service provider make an appointment to inspect damage? YES NO
2. Did the service provider keep to the appointment? YES NO
3. Were the staff neat and presentable? YES NO
4. Did the service provider keep you informed on the progress of job? YES NO
5. Did the service provider clean the site before leaving? YES NO
6. Please rate the standard of the workmanship and service overall

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
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If, you have answered no to any of the questions or have any further concerns please list them below

General Comments:

SCOPE OF WORK

OLD GEYSER DETAILS: _____ NEW GEYSER DETAILS: _____

Did client pay excess : YES / NO R _____ Parts: R _____

Insured Name/Representative (Sign) Date

I _____ of Block Buster Plumbing do hereby confirm that
the following work was undertaken at the above insured property by repairing or
replacing as per scope of works

BLOCKSBUSTERS

DATE WORK COMPLETED