

**SAHL INSURANCE
CLEARANCE CERTIFICATE**



Name of insured _____ Claim number _____

Property Address _____

Cause of Damage _____

IMPORTANT

- This clearance certificate must only be signed once all the repairs undertaken by a particular contractor have been satisfactorily completed. Please do not sign the Clearance Certificate before any work commences.
- There is a 12-month warranty on workmanship only.

For quality control purposes and to enable SA Home Loans to deliver amazing service please answer the following questions:

- | | | | |
|---|--|-----|----|
| • Did the service provider make an appointment to inspect the damage? | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No | | |
| • Did the service provider keep to the appointment? | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No | | |
| • Were the staff neat and presentable? | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No | | |
| • Did the service provider keep you informed on the progress of the claim? | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No | | |
| • Did the service provider clean the site before leaving? | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No | | |
| • Please rate the standard of the workmanship and service rendered by the service provider? | | | |

1	2	3	4	5	6	7	8	9	10
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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:

Have you paid the required excess? YES/NO To:

Insured's name in print

Date

Insured's Signature

Declaration by Service Provider

I, _____ of _____ do hereby confirm that the following work was undertaken /equipment/insured property was replaced/repaired;

Scope of Work

Insured's Initial

Signature of Service Provider

Date Completed