



**LIONEL ISAACS**  
INSURANCE BROKERS  
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## Motor Theft Claim Form

### Lionel Isaacs Insurance Brokers (Pty) Ltd

Registration number: 1988/003853/07; VAT number: 4930103017  
Authorised Financial Services Provider No. 13343  
33 Scott Street, Waverley, 2090; PO Box 3436, Johannesburg, 2000

(E): Email your completed claim form through to: [newclaims@liib.co.za](mailto:newclaims@liib.co.za)

<b>INSURER:</b>				<b>POLICY NUMBER:</b>				
<b>ADMINISTERED BROKER/AGENT:</b>								
<b>INSURED</b>	NAME			ADDRESS				
	OCCUPATION			IDENTITY / COMPANY REGISTRATION NUMBER				
	CONTACT PERSON			PHONE No.				
<b>VEHICLE</b>	MAKE		YEAR					
	MODEL		REGISTRATION					
	KILO'S COMPLETED		DATE OF PURCHASE		PURCHASE PRICE			
	ANTI-THEFT DEVICE DETAILS		MAKE		TYPE			
			FITTED BY		DATE FITTED			
	VEHICLE FINANCING DETAILS		FINANCE COMPANY / BRANCH					
			TYPE OF AGREEMENT					
			ACCOUNT NO.					
AMOUNT OUTSTANDING (IF APPLICABLE)								
IN WHOSE NAME IS THE VEHICLE REGISTERED? (PLEASE ATTACH A COPY OF THE REGISTRATION CERTIFICATE)								
<b>THEFT DETAILS</b>	DATE OF THEFT		TIME OF THEFT		PLACE OF THEFT			
	WHAT WAS STOLEN? (TICK RELEVANT BOX)		VEHICLE AND ACCESSORIES		ACCESSORIES ONLY		WAS VEHICLE LOCKED?	
	DETAILS OF STOLEN ACCESSORIES (PLEASE ATTACH INVOICES)							
	POLICE STATION				SAP CASE REF No.			
	CIRCUMSTANCES OF THEFT							
<b>VEHICLE IDENTIFICATION</b>	<i>(IF VEHICLE STOLEN, PLEASE COMPLETE SECTION BELOW)</i>							
	VIN No.			ENGINE No.				
	EXTERIOR COLOUR			INTERIOR COLOUR				
	DETAILS OF SCRATCHES / DENTS / DEFECTS							
	DETAILS OF PERSONAL / HIDDEN IDENTIFICATION MARKS							
	DETAILS OF OTHER FEATURES WHICH WOULD ASSIST IDENTIFICATION							
	WHO IS IN POSSESSION OF VEHICLE KEYS?							
<b>AUTHORITY FOR PAYMENT</b>	IT IS RECOMMENDED THAT ANY AMOUNT PAYABLE TO YOU DIRECT BE TRANSMITTED BY ELECTRONIC BANK TRANSFER / DEPOSIT OF CHEQUE FOR SPEEDIER SETTLEMENT AND SECURITY REASONS. IF YOU ARE AGREEABLE TO THIS, PLEASE PROVIDE THE FOLLOWING INFORMATION.							
	NAME OF BANK:			BRANCH AND CODE No.:				
	ACCOUNT No.:							
	NAME OF ACCOUNT HOLDER:			YOUR SIGNATURE:				
<b>DECLARATION</b>	WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.							
	SIGNATURE OF INSURED			CAPACITY			DATE	