



**LIONEL ISAACS**

INSURANCE BROKERS  
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(E) insurance@liib.co.za

**Property Loss Or Damage (Under R50,000)  
Fast Track 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)

INSURER		POLICY NUMBER		
ADMINISTERED BROKER / AGENT				
INSURED	NAME	ADDRESS		
	OCCUPATION	TEL. NUMBER		
OCCURRENCE	DATE OF LOSS / DAMAGE	TIME OF LOSS / DAMAGE		
LOST PROPERTY	DESCRIPTION OF PROPERTY	FROM WHOM PURCHASED OR ACQUIRED	DATE ACQUIRED	VALUE (R)
	1)			
	2)			
	3)			
<b>PLEASE SUPPLY A QUOTATION FOR ITEM/S CLAIMED</b>				
PLACE	PLACE WHERE LOSS / DAMAGE OCCURRED.	TIME		
CAUSE	DESCRIBE FULLY HOW THE LOSS OR DAMAGE OCCURRED STATING HOW (IF APPLICABLE) ENTRY WAS GAINED TO PREMISES.			
PREVIOUS LOSS	HAVE YOU PREVIOUSLY SUFFERED A LOSS / DAMAGE?			
POLICE	POLICE REF. NO.	POLICE STATION	DATE REPORTED	
OTHER INSURANCE	IS THERE ANY OTHER INSURANCE COVERING THIS LOSS / DAMAGE?			
	IF SO, GIVE NAME OF INSURER.			
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.				
BANKING DETAILS	NAME OF BANK	BRANCH CODE NUMBER		
	NAME OF ACCOUNT HOLDER			
	ACCOUNT NUMBER			
I / WE SOLEMNLY DECLARE THAT I / WE HAVE SUFFERED LOSS OF OR DAMAGE TO THE PROPERTY ENUMERATED ABOVE AND THAT THE SAID PROPERTY WAS IN MY / OUR POSSESSION IMMEDIATELY PRIOR TO THE SAID LOSS / DAMAGE WHICH OCCURRED IN THE CIRCUMSTANCES DESCRIBED ABOVE				
INSURED'S SIGNATURE	DATE			