



LIONEL ISAACS

INSURANCE BROKERS
 (W) +27 11 483 1802 | (F) +27 11 728 4350
 (E) insurance@liib.co.za

Glass Claim Form

Lionel Isaacs Insurance Brokers (Pty) Ltd ("LIIB")

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

POLICY NUMBER			
INSURED	Name and occupation		
	Address		
	Day Telephone Number		
	Identity number / Company registration number		
	VAT number		
OCCURRENCE	Date of breakage	Time of breakage	
	Cause of breakage		
	Name of person responsible for breakage.	Address of person responsible for breakage.	
	Names of witnesses	Addresses of witnesses	
PREMISES	Address of premises where breakage occurred		
	Were premises occupied? Yes/No	By Whom?	
	Purpose for which occupied		
VEHICLE	Vehicle make	Vehicle registration	
	Model	Year	
	Windscreen tinted or clear and shatterproof or armour plate?		
	Driver's name	Drivers licence no.	
	Place of issue	Date of issue	
DETAILS OF BROKEN GLASS	Full description of broken glass		
	Size and thickness in millimetres		
	Cracked or shattered?		
	Any signwriting on broken glass? Yes / No		
VALUE	Total value of all insured glass	Refer records	
	When last valued?		
OTHER INSURANCE	Is there any other insurance covering the broken glass? Yes / No		
	If so, give name of insurer		
DECLARATION	I/We solemnly declare that the above particulars are true in every respect. LIIB and the related service providers can process the relevant personal information for purposes of administrating this claim.		
	Signature of Insured	Capacity	Date