

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

INSURE	R	POLICY NUMBER							
	Name								<u> </u>
NSURED	OCCUPATION								
nsn	Address								
_	TELEPHONE NUMBER								
VEHICLE		MAKE MODEL AND YEAR							
	IF VEHICLE IS SUBJECT TO A HIRE PURCHASE, CREDIT OR LEASING AGREEMENT, STATE NAME AND ADDRESS OF FINANCE COMPANY.	Colour							
		Reg. No.					TARE		
		GROSS VEH. MASS					KILOMETRES COMPLETED		
		Date of purchas				PRICE PAI	D		
	DAMAGE TO OWN VEHICLE								
щ	ESTIMATE FOR REPAIRS OR ATTACH QUOTATION								
DAMAGE	REPAIRER'S NAME, ADDRESS AND TELEPHONE NUMBER					JMBER			
ď	WHERE CAN YOUR DAMAGED VEHICLE BE INSPECTED?								
	FULL NAME								
	Address								
	Tel. No.								
	OCCUPATION AND DATE OF BIRTH	_							
	DRIVERS LICENCE	No.		DA	TE			PLACE	
		CODE					FULL/L	EARNER	
	STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED.								
DRIVER	WAS HE/SHE DRIVING WITH YOUR PERMISSION?								
ద	WAS HE/SHE IN YOUR EMPLOY?								
	HAS HE/SHE ANY MOTOR INSURANCE ON OWN CAR? IF YES, STATE POLICY NUMBER AND COMPANY								
	DETAILS OF ANY CONVICTIONS FOR MOTORING OFFENCES.								
	HAS LICENCE EVER BEEN ENDORSED?								
	DOES HE/SHE HAVE ANY PHYSICAL DEFECTS? DETAILS OF PREVIOUS ACCIDENTS.								
	DETAILS OF FREVIOUS ACCIDENTS.	Name			Addres	c	İnjury		
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PASSENGERS NSURED VEHICLE)	FOR WHAT PURPOSE ARE THEY BEING TRANSPORTED?								
€	ARE THEY EMPLOYEES?								
		REGISTRATION NO	Э.	MAKE	Nan	IE, ADDRES	S OF OWNER	AND DRIVER	DETAILS OF DAMAGE
OTHER PARTY									
	DAMAGE TO OTHER VEHICLES								
		NAME AND ADDRESS OF OWNER							DETAILS OF DAMAGE
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		NAME OF INTEREST.			P TO ACCIDENT E.G. ASSENGER, ETC. DETAILS O			OF INJURIES	NAME OF HOSPITAL IF APPLICABLE
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