



Public Liability Claim Form

LIONEL ISAACS

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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

INSURER		POLICY NUMBER	
INSURED	NAME	OCCUPATION/ BUSINESS	
	ADDRESS	TEL. NUMBER	
DESCRIPTION OF ACCIDENT	DATE	TIME	
PLACE WHERE INCIDENT / ACCIDENT OCCURRED			
STATE EXACTLY HOW THE INCIDENT / ACCIDENT OCCURRED			
WITNESS	NAME	TELEPHONE NUMBER	
	ADDRESS		
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
PROPERTY DAMAGE	NAME OF OWNER		
	ADDRESS OF OWNER		
	DESCRIPTION OF DAMAGE		
PERSONAL INJURIES	NAME OF INJURED PERSON		
	AGE OF INJURED PERSON		
	ADDRESS OF INJURED PERSON		
	DETAILS OF INJURIES		
RELATIONSHIP	IF PERSON NAME ABOVE IS IN YOUR SERVICE, OR YOUR TENANT, OR RELATED TO YOU, GIVE FULL DETAILS.		
CLAIM	IF CLAIM MADE AGAINST YOU GIVE DETAILS AND ATTACH ANY CORRESPONDENCE		
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. LIIB AND THE APPLICABLE SERVICE PROVIDERS CAN PROCESS THE APPLICABLE PERSONAL INFORMATION FOR PURPOSES OF ADMINISTERING THIS CLAIM.			
INSURED'S SIGNATURE		DATE	