



Motor Accident Claim Form

LIONEL ISAACS

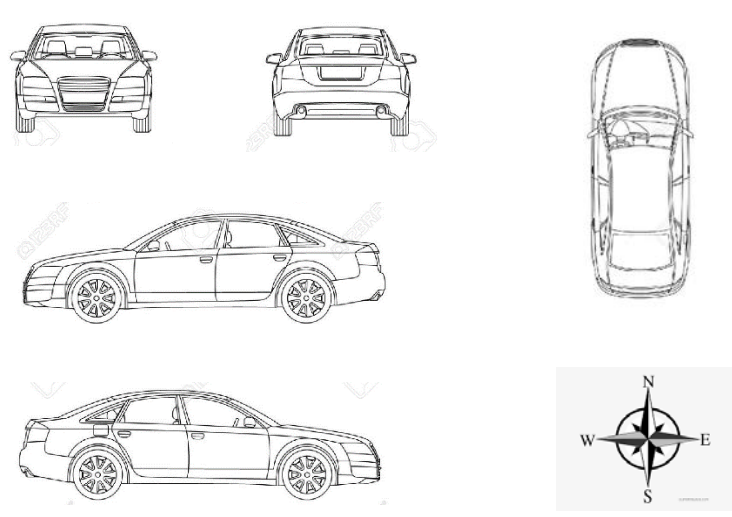
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Lionel Isaacs Insurance Brokers (Pty) Ltd ("LIIB")

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

INSURER		POLICY NUMBER			
INSURED	NAME				
	OCCUPATION				
	ADDRESS				
	TELEPHONE NUMBER				
VEHICLE	IF VEHICLE IS SUBJECT TO A HIRE PURCHASE, CREDIT OR LEASING AGREEMENT, STATE NAME AND ADDRESS OF FINANCE COMPANY.	MAKE		MODEL AND YEAR	
		COLOUR		VALUE	
		REG. NO.		TARE	
		GROSS VEH. MASS		KILOMETRES COMPLETED	
		DATE OF PURCHASE		PRICE PAID	
DAMAGE	DAMAGE TO OWN VEHICLE				
	ESTIMATE FOR REPAIRS OR ATTACH QUOTATION				
	REPAIRER'S NAME, ADDRESS AND TELEPHONE NUMBER		TELEPHONE NUMBER		
	WHERE CAN YOUR DAMAGED VEHICLE BE INSPECTED?				
DRIVER	FULL NAME				
	ADDRESS				
	TEL. NO.				
	OCCUPATION AND DATE OF BIRTH				
	DRIVERS LICENCE	No.		DATE	
		CODE		FULL / LEARNER	
	STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED.				
	WAS HE/SHE DRIVING WITH YOUR PERMISSION?				
	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.					
PASSENGERS (INSURED VEHICLE)		NAME	ADDRESS	INJURY	
	PASSENGERS IN INSURED VEHICLE				
	FOR WHAT PURPOSE ARE THEY BEING TRANSPORTED?				
ARE THEY EMPLOYEES?					
OTHER PARTY	DAMAGE TO OTHER VEHICLES	REGISTRATION NO.	MAKE	NAME, ADDRESS OF OWNER AND DRIVER	DETAILS OF DAMAGE
	DAMAGE TO PROPERTY OTHER THAN VEHICLES	NAME AND ADDRESS OF OWNER			
PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)	NAME OF INJURED	RELATIONSHIP TO ACCIDENT E.G. DRIVER, PASSENGER, ETC.	DETAILS OF INJURIES	NAME OF HOSPITAL IF APPLICABLE	

WITNESSES	(1) NAME.		ADDRESS		TEL. No		
	(2) NAME		ADDRESS		TEL. No		
THEFT	DATE OF THEFT		TIME OF THEFT		PLACE OF THEFT		
	WAS VEHICLE LEFT LOCKED?		WHERE WERE ITEMS STOLEN FROM?				
	WHO CURRENTLY HAS KEYS?						
	POLICE STATION REPORTED TO				CASE REFERENCE NO.		
	VEHICLE ENGINE		VIN/CHASSIS NO.		COLOUR OF VEHICLE		
IF ACCESSORIES STOLEN, PROVIDE FULL DETAILS.							
ACCIDENT	DATE OF ACCIDENT		TIME OF ACCIDENT		PLACE OF ACCIDENT		
	SPEED	BEFORE ACCIDENT (KPH)		MOMENT OF IMPACT (KPH)			
	WEATHER CONDITIONS?			VISIBILITY?			
	ROAD SURFACE?			WIDTH OF ROAD?			
	WHICH VEHICLE LIGHTS WERE ON?			STREET LIGHTING?			
	WAS ANY WARNING GIVEN BY YOU?			IN WHAT FORM ?			
	POLICE DETAILS	POLICE OFFICER AT SCENE				TRAFFIC OFFICER AT SCENE	
		POLICE STATION			SAP REFERENCE NO		
	WAS THE DRIVER TESTED FOR ALCOHOL OR DRUGS?			RESULT OF TEST			
	DESCRIPTION OF ACCIDENT (IF SPACE NOT SUFFICIENT, ATTACH STATEMENT ON SEPARATE SHEET)						
	PLEASE SHOW CLEARLY THE POINT OF IMPACT AND INDICATE THE DIRECTION OF TRAVEL BY TICKING THE APPROPRIATE TICK BOX WHERE THE COMPASS IS SHOWN . GIVE DETAILS OF ANY ROAD SAFETY SIGNS OR WARNING SIGNS IN THE VICINITY OF THE ACCIDENT.						
							
SKETCH OF ACCIDENT (IF NECESSARY USE SEPARATE PAGE)							
AUTHORITY FOR PAYMENT	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 NUMBER :			
	NAME OF ACCOUNT HOLDER :						
	ACCOUNT No.:			YOUR SIGNATURE :			
DECLARATION	WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT. LIIB AND THE APPLICABLE SERVICE PROVIDERS CAN PROCESS THE APPLICABLE PERSONAL INFORMATION FOR PURPOSES OF ADMINISTRATING THIS CLAIM.						
	SIGNATURE OF DRIVER:			DATE:			
	SIGNATURE OF INSURED:			DATE:.....			
	CAPACITY:			DATE:.....			
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.							