

**LIONEL ISAACS**INSURANCE BROKERS
(W) +27 11 483 1802 | (F) +27 11 728 4350
(E) insurance@liib.co.za**Property Loss / Damage 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

INSURER		POLICY NUMBER	
BROKER / AGENT			
INSURED	NAME AND OCCUPATION		
	ADDRESS		(DAY) TEL. NUMBER
DESCRIPTION OF LOSS	DATE OF LOSS:	TIME OF LOSS:	PLACE:
LOSS / DAMAGE PLACE	WERE PREMISES OCCUPIED? (Y/N)	BY WHOM?	
	IF NOT OCCUPIED WHEN LAST OCCUPIED?	PURPOSE OF OCCUPATION	
CAUSE OF LOSS / DAMAGE	DESCRIPTION OF LOSS		
	IF LOSS / DAMAGE CAUSED BY ANOTHER PARTY GIVE NAME.	ADDRESS OF OTHER PARTY	
PREVIOUS LOSS / DAMAGE	HAVE YOU PREVIOUSLY SUFFERED A LOSS / DAMAGE?		
	IF SO, GIVE DETAILS.		
	IF INSURED, PROVIDE NAME OF INSURER.		
POLICE	POLICE REF. No.	POLICE STATION	DATE REPORTED.
OTHER INTEREST	ANY OTHER FINANCIAL INTEREST IN PROPERTY, E.G. CREDIT AGREEMENT?		
	IF SO, GIVE NAME AND INTEREST.		
OTHER INSURANCE	IS THERE ANY OTHER INSURANCE COVERING THIS LOSS / DAMAGE?	IF SO, GIVE NAME OF INSURER.	
VALUE	ESTIMATED TOTAL VALUE OF ALL THE PROPERTY INSURED UNDER THE POLICY.	WHEN LAST VALUED?	
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	I / WE SOLEMNLY DECLARE THAT I / WE HAVE SUFFERED LOSS OF OR DAMAGE TO THE PROPERTY ENUMERATED ON THE REVERSE HEREOF 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 APPLICABLE SERVICE PROVIDERS CAN PROCESS THE APPLICABLE PERSONAL INFORMATION FOR PURPOSES OF ADMINISTERING THIS CLAIM.		
	INSURED'S SIGNATURE _____	CAPACITY _____	DATE _____

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.



NUMBER	DESCRIPTION OF PROPERTY	DATE ACQUIRED	FROM WHOM PURCHASED OR ACQUIRED	VALUE	DEDUCTION FOR WEAR AND TEAR OR DEPRECIATION OR VALUE OF SALVAGE	AMOUNT CLAIMED
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						