



**LIONEL ISAACS**

INSURANCE BROKERS  
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(E) insurance@liib.co.za

**Property Loss Or Damage (Under R50,000)  
Fast Track Claim Form**

**Lionel Isaacs Insurance Brokers (Pty) Ltd**

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](mailto:newclaims@liib.co.za)

INSURER		POLICY NUMBER		
ADMINISTERED BROKER / AGENT				
INSURED	NAME	ADDRESS		
	OCCUPATION	TEL. NUMBER		
OCCURRENCE	DATE OF LOSS / DAMAGE	TIME OF LOSS / DAMAGE		
LOST PROPERTY	DESCRIPTION OF PROPERTY	FROM WHOM PURCHASED OR ACQUIRED	DATE ACQUIRED	VALUE (R)
	1)			
	2)			
	3)			
<b>PLEASE SUPPLY A QUOTATION FOR ITEM/S CLAIMED</b>				
PLACE	PLACE WHERE LOSS / DAMAGE OCCURRED.	TIME		
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	
OTHER INSURANCE	IS THERE ANY OTHER INSURANCE COVERING THIS LOSS / DAMAGE?			
	IF SO, GIVE NAME OF INSURER.			
<b>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.</b>				
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			