

Confidential

Land Bank Insurance Company

The Land and Agricultural Development Bank of South Africa
P O Box 375 Pretoria 0001
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Co. Registration No. 2012/115426/30 VAT no. 4600269700



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Land Bank Insurance
Asset Claim Form



Land Bank Insurance Company Claim Form

- 1) Motor Section
- 2) Non-Motor Section: Asset
- 3) Livestock

Personal Details:

Policy No.:		
Client Name:		
VAT or ID No:		
Postal Address:		Postal Code <input type="text"/>
Physical Address:		Postal Code <input type="text"/>
Telephone No.		
Cell phone No:		
E-mail Address:		
E-mail Address:		

Broker Details:

Brokerage Name:	<input type="text"/>	FSP No:	<input type="text"/>
Contact Person:	<input type="text"/>	Telephone:	<input type="text"/>

I. Motor Section:

Vehicle Make:	<input type="text"/>		
Model:	<input type="text"/>		
Year model:	<input type="text"/>		
Is the vehicle insured Financed by Bank or Financial Institution?	Yes: <input type="text"/>	No: <input type="text"/>	
If Yes, provide Name of Bank or Institution:	<input type="text"/>		

Driver Details:

Full name:	<input type="text"/>	Identity No:	<input type="text"/>
Address:	<input type="text"/>	Postal Code:	<input type="text"/>
Contact number:	<input type="text"/>		

Driver's License:

Code:	<input type="text"/>	Date of first issue:	<input type="text"/>
Endorsments:	<input type="text"/>		

Accident:

Date:	<input type="text"/>	Time:	<input type="text"/>
Place:	<input type="text"/>	Type of road surface:	<input type="text"/>

Plan of Accident:

Draw sketch/Attach (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information.

Accident Statement:

2. Non-Motor Section: Asset

Item:

Serial Number if applicable:

Value:

Date of claim:

Type of claim:

Address:

Postal code:

Claim Statement:

3) Livestock:

Ear-Tag No & Date of Tagging:			Gender:	
Breed:		Color:		Age:
Date of injury / Sickness / Death:				
Is the Animal/s insured Financed by Bank / Financial Institution?	Yes:	No:		
If Yes, provide Name of Bank or Institution:				

When was the animal first seen ill or injured?
 When was notice sent to the Veterinary Doctor?
 When first and last seen by Veterinary Doctor?
 Name and address of Veterinary Doctor who attended?
 Cause of Death/ PTD: (specifically mention the disease)
 a) If from disease, how do you account for it?
 b) If from accident, how did it occur and who was in charge of the animal?
 c) If operated, state nature of operation, date and name of Vet. / Surgeon?
 a) Did you breed or buy the animal?
 b) If bought, state from whom purchased, date of purchase and price paid
 a) Is the animal insured elsewhere?
 b) Is compensation being received from any other source, If so from whom?
 a) If animal has not died, describe nature of injury/ disease and state when occurred? b) Has this injury/disease resulted in permanent incapacity to conceive or yield milk? c) What steps were taken by you after the injury/ disease was noticed to prevent permanent incapacity to conceive or yield milk?

	Phone:	

Provide detail information leading to the Injury / Sickness / Death of animal:

Declaration

I/We declare that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident/incident.

Name of Insured:

Signature of Insured: _____

Date: