

## LIABILITY CLAIM FORM

VOICELOG (if applicable)			
Voice Log Date			
Voice Log Time			
Telephone Extension			
Incoming/Outgoing Call	<input type="checkbox"/>	Incoming	<input type="checkbox"/>
			Outgoing

INSURED												
Policy Number												
ID Number												
Name and Surname												
Occupation												
Address												
Phone Number												
Email Address												

DATE PLACE	
When did the incident happen	
Where did it happen	

OWN ATTORNEYS	
Attorney's name (if appointed)	
Address	
Phone number	

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 Tel: 0861 366 377 | Fax: 0861 736 348 | info@quicksure.co.za

**KZN** Unit 8, 49 Richefond Circle, Ridgeside, Umhlanga Ridge, 4320 | PO Box 1053, Hyper by the Sea, Durban North, 4053  
 Tel: 031 563 6001 | Fax: 031 563 6062 | info@quicksurekzn.co.za

Quicksure (Pty) Ltd Reg No 99/24616/07 | Vat No 4450149051 | FSP No 16902

**DIRECTORS** JE Bunting (Executive Chairman), S Rajab (Chief Executive Officer),  
 MJE Geldenhuys (Chief Financial Officer), PE Jacobs (Director)



# Liability claim form

OCCURENCE	
Describe the event which is the basis for this claim against this policy.	

WITNESS DETAILS	
Name of witness	
Address	
Phone number	

POLICE DETAILS		
Have you reported to the police	YES	NO
Police Station		
Date reported		
Police reference number		

TICK APPROPRIATE SQUARE	
Claims against other parties against policyholder	<input type="checkbox"/>
Claims by policyholder against other parties	<input type="checkbox"/>

OTHER PARTY DETAILS	
Name and Surname	
Address	
Attorney (if represented)	

## Liability claim form

NATURE OF DAMAGE OR INJURY	
Damage to property	
Description of damage	
Nature of Damage	
Personal Injury	
Name and age of injured	
Nature of injuries	
Other than damage or injury	
Describe nature thereof	

DEMANDS	
Sum demanded	
Date demanded	
Date of summons (If summons was received)	

LEGAL REPRESENTATION FOR POLICYHOLDER
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PROCEEDINGS, NATURE OF	
Inquest – Name of deceased	
Inquiry – State subject	
Hearing – State subject	
Criminal – State charge	

COURT DETAILS	
Name of Court	
City / Town	
Proceedings date	

# Liability claim form

## UNRECOVERED DAMAGES

## OTHER PARTY

Other party's name	
Address	
Phone number	
Attorney (if represented)	

## JUDGMENT

Date Company was notified of action	
Judgment amount	
Judgment date	
Name of Court	
City or town	

## EXECUTION

Date of execution	
Result thereof	
Date of tracer's report	

## DECLARATION

I/We hereby declare that the statements contained herein are true and complete to the best of my knowledge and belief.

I/We hereby authorize the Company and/or their attorneys to discuss my/our claim for indemnity direct with my/our attorneys and to take such action as is required to indemnify me/us.

Policyholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**N.B. Please attach all documents/correspondence relating to the claim.**