

MOTOR ACCIDENT 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	<input type="text"/>											
Name and Surname												
Occupation												
Address												
Phone Number												
Email Address												

VEHICLE			
Make and Model			
Year	<input type="text"/>	Registration Number	<input type="text"/>
Value	<input type="text"/>	Odometer Reading	<input type="text"/>
Date of Purchase	<input type="text"/>	Purchase Price	<input type="text"/>
Credit Provider	<input type="text"/>	Branch	<input type="text"/>
Account Number	<input type="text"/>	Amount	<input type="text"/>
Type of Agreement			

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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)



Motor Accident claim form

DAMAGE				
Describe damage to own vehicle				
Estimate for repairs (attach quotation)	R			
Repairer's name, address and telephone number				
Where can your damaged vehicle be inspected?				
Was your vehicle towed by Quicksure Roadside Assist?			YES	NO

DRIVER DETAILS					
Full Name					
Identity Number					
Occupation					
Residential Address					
License Details	Drivers License	Learner License	License Code		
	Date of first issue		Place of issue		
State fully the purpose for which the vehicle was being used					
Was he/she driving with your permission?				YES	NO
Relationship of driver to insured					
Is he/she the owner of another vehicle?				YES	NO
If YES, provide name of insurer and policy number					
Details of any convictions for motoring offences					
Has license ever been endorsed?				YES	NO
If YES, provide details					
Has he/she any physical defects?				YES	NO
If YES, provide details					
Details of previous accidents					

Motor Accident claim form

PASSENGERS (Insured Vehicle)		
Name	Residential Address	Injury
For what purpose were they transported?		
Are they employees?		
		YES NO

OTHER PARTY (Other Vehicle)	
OTHER VEHICLE 1	
Registration number	
Make and Model	
Name and Surname	
Contact number	
Insurance Details	
OTHER VEHICLE 2	
Registration number	
Make and Model	
Name and Surname	
Contact number	
Insurance Details	
PERSONAL INJURIES (Other than in insured vehicle)	
Name of Injured	
Details of Injuries	
Name of Injured	
Details of Injuries	

Motor Accident claim form

Name of Injured	
Details of Injuries	
PROPERTY OTHER THAN VEHICLES	
Name of Owner	
Address of Owner	
Details of damage	
Name of Owner	
Address of Owner	
Details of damage	
Name of Owner	
Address of Owner	
Details of damage	

WITNESS DETAILS	
Name	
Contact Number	
Name	
Contact Number	
Name	
Contact Number	

Motor Accident claim form

ACCIDENT					
Accident Date					
Time of Accident					
Place					
Speed	Before Accident	KPH	After Accident	KPH	
Weather conditions					
Visibility					
Road surface					
Street lighting					
Were vehicle lights on?				YES	NO
Did you give any warning (e.g. hooter, indicator)?					
Police details	Police Reference Number	Date Reported	Police Station		
Was driver tested for alcohol or drugs?				YES	NO
Description of Accident					

Motor Accident claim form

<p>Sketch of Accident Clearly show the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in the vicinity of scene of accident.</p>	
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DECLARATION

I/We hereby declare the above particulars to be true in every respect.

Signature of Driver _____

Date _____

Signature of Insured _____

Date _____