

Motor accident claim form

- Please complete all relevant sections of this claim form.
- The issue of this form is not an admission of liability and the insured's attention is drawn to the policy conditions which stipulate that no admission, offer, promise of payment or negotiation shall be made without the written consent of the company.
- For enquiries, please email claims@psg.co.za or contact one of our consultants on (021) 987 0404.

The insured

Details of the insured			
Full name/Business name			
ID number/Business Reg.		Occupation/Industry	
Address			
City/Town		Province	
Email address		Telephone no.	
Insurer		Policy no.	

Vehicle details

Details of the vehicle			
Registered owner			
Make		Model	
Registration no.		Year	
VIN no.		Odometer	
Is the vehicle subject to a Credit or Leasing agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of finance company	
Branch		Account no.	
Has a repair quotation been received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated cost of repair	R
Has an instruction for the repairs been given?	<input type="checkbox"/> Yes <input type="checkbox"/> No	By whom?	
Address where the vehicle can be seen			

Driver details

Was the insured the driver of the vehicle when the accident occurred

☐ Yes ☐ No

If "No" or if this is a business policy, please complete the section below with the details of the driver when the accident occurred.

Details of the driver			
Full name			
ID number		Occupation	
Address			
City/Town		Province	
Email address		Telephone no.	
Relationship to the insured			
Use for the vehicle			



Insured and vehicle details



Driver details



Accident details



Passengers details



Third parties and witnesses details

Does the driver have any disabilities (including eyesight deficiency)?

☐

Yes

☐

No

If "Yes", please specify the drivers disabilities

Was the driver driving with your permission?

☐

Yes

☐

No

Was the driver in your employ?

☐

Yes

☐

No

Does the driver have any motor insurance on his/her own vehicle?

☐

Yes

☐

No

Was the driver tested for alcohol or drug abuse? (where applicable)

☐

Yes

☐

No

If the driver was tested for alcohol/drug abuse is there a report available?

☐

Yes

☐

No

Driver license details

Please submit the following documents with your claim form:

- Copy of drivers license
- Proof of address of the insured

Date of expiry

Date issued

License code

Endorsements

Accident details

Date of accident

dd - mm - yyyy

Time of accident

hh : mm

Place of accident

Route

From

To

Accident specifics

Speed before accident	Km/h	Speed after accident	Km/h
Weather conditions before accident		Weather conditions after accident	
Visibility before accident		Visibility after accident	
Road surface before accident		Road surface after accident	

Was any warning given by the driver, e.g. hooting, indicators, etc?

☐

Yes

☐

No

Police details

Police station where the accident was reported

Case number



Insured and vehicle
details



Driver details



Accident details



Passengers details



Third parties and
witnesses details

Description of the accident

Detailed description of the accident

Sketch of the accident

With your vehicle shown as X and the other party / parties shown as A, B or C. Please show the following on the drawing

- (a) Position of vehicles and persons involved before and after the accident and direction in which they were traveling.
- (b) Point of impact.

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Insured and vehicle details



Driver details



Accident details



Passengers details



Third parties and witnesses details

Passenger details

Were there passengers in the vehicle?

☐

Yes

☐

No

How many passengers were in the vehicle?

For what purpose were they carried?

Have any passengers in your vehicle sustained injuries?

☐

Yes

☐

No

Passenger A

Name and Surname			
ID number		Contact no.	
Address			
Injury (complete if injured)			

Passenger B

Name and Surname			
ID number		Contact no.	
Address			
Injury (complete if injured)			

Passenger C

Name and Surname			
ID number		Contact no.	
Address			
Injury (complete if injured)			

Third party details

Were there third parties involved?

☐

Yes

☐

No

How many parties were involved?

If "Yes", please complete the section below with the details of the other parties involved.

Third party A

Name and Surname			
ID number		Contact no.	
Address			
Injury (complete if injured)			
Vehicle make and model		Reg no.	
Insurer		Policy no.	



Insured and vehicle
details



Driver details



Accident details



Passengers details



Third parties and
witnesses details

Third party B

Name and Surname			
ID number		Contact no.	
Address			
Injury (complete if injured)			
Vehicle make and model		Reg no.	
Insurer		Policy no.	

Third party C

Name and Surname			
ID number		Contact no.	
Address			
Injury (complete if injured)			
Vehicle make and model		Reg no.	
Insurer		Policy no.	

Witnesses details

Were there any witnesses

☐

Yes

☐

No

How many witnesses were there?

If "Yes", please complete the section below with the details of the witnesses.

	Name and Surname	Contact no.	Address
Witness A			
Witness B			
Witness C			

Declaration

I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that PSG Tygerwaterfront Imperial Terraces may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that PSG Tygerwaterfront Imperial Terraces may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto. I understand that I may be liable for output VAT in terms of section 8(8) of the VAT Act 89 of 1991.

Signature of insured

Date