



**Sun**  
**insurance**  
Company Limited

# MOTOR VEHICLE CLAIM FORM

Agency ..... Claim No. ....  
 Policy No. .... Due .....  
 Sum Insured ..... Excess .....  
 Noted on proposal ..... NCB Action .....  
 Premium Paid ..... Receipt No. ....

The issue of this form on receipt of notice of accident is not an admission of liability and it is issued without prejudice. No liability is to be admitted to a third party. No repairs are to be done without the permission of the Company.

**A.  
Insured  
and  
Registered  
Owner**

INSURED ..... CONTACT PHONE .....  
 INSURED ADDRESS .....  
 OTHER INTERESTED PARTY OR BILL OF SALE HOLDER .....

**B.  
Vehicle**

Make and Type of Body	Year of Model	Engine No.	Registration No.	Purpose used at time of accident	Insured's Occupation

Is the Warrant of Fitness Current YES/NO If no, Why .....  
 Other Insurance YES/NO If Yes, Details .....

**C.  
Particulars  
of  
Driver**

Name in Full ..... Date of Birth .....  
 Address .....  
 License No. .... Date of Expiry ..... Date First Licensed .....  
 License Issued by ..... For Vehicle Classes .....  
**Please state (giving full particulars)**  
 1. If the vehicle was being driven with the owners knowledge and consent  
 YES  NO   
 2. If the drivers license has been endorsed to suspended  
 YES  NO  (When and why) .....  
 3. If the driver is the OWNER/EMPLOYEE / RELATION / FRIEND (cross whichever is not applicable)  
 4. If the driver owns his own vehicle YES  NO  (and the name of his Insurance Company required)  
 .....  
 5. If the driver has had a policy of insurance cancelled or declined or an excess or increased premium imposed  
 YES  NO   
 6. If the driver has been involved in previous accidents YES  NO  (name of the Insurance Company)  
 .....  
 7. Amount of liquor consumed by the driver during the 12 hours preceding the accident, including when and where?  
 .....  
 8. Has Police action been threatened? YES  NO  (charge and identity of person required)  
 .....  
 9. Was a breathalisher test required? YES  NO  What was the result? .....  
 10. Was a blood test taken? YES  NO  What was the result? .....

**D.  
Details of  
damage to  
own vehicle**

1. Details of Damage .....  
 2. Is it in a fit condition to drive? .....  
 3. Amount of estimate for repairs (attach quote if possible) .....  
 4. Where and when can it be inspected? .....  
 5. Where do you want your vehicle to be repaired? .....

**E.  
Details of  
damage or  
injuries to  
Third Parties**

Names and Addresses	Property Damage	Injuries

1. Please give details of any claim made on you .....  
 2. Did you or your driver admit liability? .....  
 3. Did the other party admit responsibility? .....  
 4. Vehicle Registration Number of the other party(s) .....  
 5. Is the other vehicle Insured? .....

**F. Details of Witnesses**

Please give names and addresses of all witnesses.

Passengers in your vehicle a) ..... Phone No. ....  
 b) ..... Phone No. ....  
 c) ..... Phone No. ....

Independent Witnesses a) ..... Phone No. ....  
 b) ..... Phone No. ....

Reported to Police - YES  NO  Police Station ..... Investigating Officers Number .....

**G. Particulars of Accident**

1. Date ..... Time ..... am/pm  
 Place .....

2. Please describe:

(a) Where you had been and where you were going .....

(b) Your speed just prior to impact ..... k.p.h

(c) The other parties speed just prior to impact ..... k.p.h

(d) Warning signals given by either party .....

(e) Whom do you consider was responsible for the accident .....

(f) Your reasons for thinking the other party was to blame (if so) .....

(g) The name and address of that other person .....

(h) The other vehicle - (i) Registered number .....  
 (ii) Make ..... (iii) model .....

(i) Was that other vehicle insured? (If yes, please state name Insurance Company) .....

3. General description of accident .....

**H. Sketch Plan**

1. Please draw sketches showing position of vehicles and path of travel and show direction of travel the vehicles were travelling in.

I declare that the particulars on page 1 & 2 of this form to be true and correct in every respect and that the completion of this form and the signing of it by me is a claim on the Company and not only a notice of accident. I further acknowledge that any untruth, misrepresentation or suppression by or on behalf of me in any declaration or statement in support of the claim made herein makes the policy under which this claim is made void and the premium forfeitable.

Dated the ..... day of ..... 20\_\_

URGENT:  
 To enable us to authorise repairs as soon as possible:-  
 (a) Obtain itemised quotations from two separate repairers  
 (b) Complete Claim Form in detail  
 (c) Return Claim Form promptly to this office with **two quotations** attached

Signature of Driver .....  
 Signature of Insured .....  
 Witness of Signature { Name .....  
 Address .....  
 Signature .....

Assessor ..... Date Appointed .....