



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)

- If the vehicle was being driven with the owners knowledge and consent
YES NO
- If the drivers license has been endorsed to suspended
YES NO (When and why)
- If the driver is the OWNER/EMPLOYEE / RELATION / FRIEND (cross whichever is not applicable)
- If the driver owns his own vehicle YES NO (and the name of his Insurance Company required)
- If the driver has had a policy of insurance cancelled or declined or an excess or increased premium imposed
YES NO
- If the driver has been involved in previous accidents YES NO (name of the Insurance Company)
- Amount of liquor consumed by the driver during the 12 hours preceding the accident, including when and where?
- Has Police action been threatened? YES NO (charge and identity of person required)
- Was a breathalizer test required? YES NO What was the result?
- Was a blood test taken? YES NO What was the result?

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

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

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

Names and Addresses	Property Damage	Injuries

- Please give details of any claim made on you
- Did you or your driver admit liability?
- Did the other party admit responsibility?
- Vehicle Registration Number of the other party(s)
- 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