

# MOTOR CLAIM FORM



**INSURANCE COMPANY (KENYA) LIMITED**

**ALL QUESTIONS ON THIS FORM MUST BE ANSWERED**

- (1) No liability under the policy is admitted by issue of this form
- (2) Neither owner nor driver must admit fault or liability
- (3) Do not answer communications about this Accident, but send them to the insurers for consideration
- (4) Repairs must not be authorized without prior authority of the Insurers

<b>POLICY HOLDER:</b>	Name ..... Telephone: ..... Address ..... Business /Occupation .....
<b>POLICY</b>	Number ..... Expiry Date ..... Name of Hire purchase or Finance Company .....
<b>VEHICLE</b>	Make & Model ..... HP/CC ..... Year of Manufacture ..... Reg. No of Vehicle ..... Carrying Capacity ..... Reg. No of Trailer ..... Carrying Capacity ..... <b>Attach a copy of the Logbook and Driving Licence</b>
<b>USE</b>	State the exact purpose for which the vehicle was being used at the time of the accident .....
<b>COMMERCIAL VEHICLES</b>	Description of goods being carried ..... Name of owner of goods ... ..... Was trailer attached ..... Weight of load on (a) vehicle ..... (b) Trailer's .....
<b>DRIVER</b>	Name ..... Occupation ..... Date of Birth ..... Address ..... ..... Tel No: ..... Is he employed by you? ..... How long has he been in your service? ..... Was he driving with your permission? ..... How long has he been driving motor vehicles ..... Was he in anyway to blame for the accident? ..... Did he admit liability? ..... Has he had any previous accident ..... If so, how many, and approximate date(s) ..... Has he any conviction for any offence in connection with any motor vehicle of any charges pending? ..... If so, give details including dates ..... Does he hold a full or provisional licence to drive the vehicle? ..... If full, state exact date, driving test first passed ..... Licence No ..... Does he own a motor vehicle? ..... If so give name and address of Insurer ..... Driver's Policy No .....
<b>ACCIDENT</b>	Date ..... Time ..... AM/PM Place ..... Type of road surface ..... Visibility ..... Wet or Dry? ..... What lights were showing on your vehicle? ..... What warning did your driver give? ..... Estimated speed before accident ..... Weather Conditions ..... Did Police take particulars? ..... If so, give Constable's No. and Station ..... To which police station was the accident reported? ..... <b>Attach copy of Notice of Intended Prosecution if any</b>

This part **MUST** be filled by the **insured, the driver** and **any witness** listed in the claim form.  
Reproduce this part where necessary.

WITNESS STATEMENT FORM

NAME.....ID NO.....  
POSTAL CONTACTS .....TEL. CONTACTS.....  
CELL NO .....EMAIL .....  
DATE OF ACCIDENT..... DATE RECORDED:.....  
PLACE:..... TIME:.....  
CLASS OF PERSON: .....

**Declaration: I declare the foregoing particulars to be a true account of the accident herein.**

SIGNATURE ..... DATE:.....

<b>PLAN OF ACCIDENT</b>	Draw sketch (Stating measurements) showing position of vehicles and persons concerned and the direction in which they were traveling. Also show type and position of traffic signs, skid marks, pedestrian crossings and other relevant information. (If necessary use separate sheet)			
<b>STATEMENT OF INSURED</b>	PLEASE RECORD ON THE ATTACHED SHEET			
<b>STATEMENT OF DRIVER</b>	PLEASE RECORD ON THE ATTACHED SHEET			
<b>DAMAGE TO INSURED VEHICLE</b>	State briefly apparent damage _____ _____ _____ _____  (In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the insurers an estimate for repairs) Repairers Name and Address: _____ _____ Tel No: _____  Is vehicle still in use? _____ When and where can it be inspected? _____ _____ _____			
<b>OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED</b>	Name and Address of Owner	Reg. No	Name of Insurer	Other Property damaged
	_____	_____	_____	_____
Name and Address of the Driver				
<b>PERSONS INJURED</b>	Name and Address	Relationship to the Policyholder	If Driver or Passenger Reg. No of vehicle	Apparent injuries
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>INDEPENDENT WITNESSES</b>	Name		Address	
	_____		_____	
	_____		_____	
<b>PASSENGERS IN YOUR VEHICLE</b>	Name		Address	
	_____		_____	
	_____		_____	
I declare that these particulars are true and undertake to forward immediately (and unanswered) any correspondence relating to this accident.				
_____ DATE			_____ SIGNATURE OF POLICYHOLDER	