



Head Office: Bishop Magua Centre, 3<sup>rd</sup> Floor  
 George Padmore Lane, Off Ngong Road  
 P.O.BOX 52964-00200 Nairobi, Kenya  
 Tel: 020 2605220, Cell: 0715 316 830  
 E-mail: [invesco@invescoassurance.co.ke](mailto:invesco@invescoassurance.co.ke)

**MOTOR ACCIDENT REPORT FORM**

**IMPORTANT NOTICE**

1. No Liability under the policy is admitted by issue of this form.
2. Neither the owner nor the driver must admit fault or liability for this accident.
3. Do not answer communications about this accident, but send them to the insurers for consideration.

Insures Claim No. \_\_\_\_\_

Brokers Ref No. \_\_\_\_\_

**POLICY HOLDER**

1. Name \_\_\_\_\_ Tel No. \_\_\_\_\_
2. Address \_\_\_\_\_
3. Business / Occupation \_\_\_\_\_

**POLICY**

4. Number \_\_\_\_\_ Expiry Date \_\_\_\_\_
5. Name of hire purchase of finance company \_\_\_\_\_

**VEHICLE**

6. Make & Model \_\_\_\_\_ HP / CC \_\_\_\_\_ Year of Manufacture \_\_\_\_\_
7. Reg. No. of Vehicle \_\_\_\_\_ Carrying Capacity \_\_\_\_\_
8. Reg. No. of Trailer \_\_\_\_\_ Carrying Capacity \_\_\_\_\_
9. Name and Address of Owner \_\_\_\_\_ Chassis No. \_\_\_\_\_

**USE**

10. State the exact purpose for which the vehicle was being used at time of the accident.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

