



MOTOR CLAIM

MOTOR CLAIM FORM



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MOTOR CLAIM FORM

The issue of this form is not to be taken as an admission of liability.

Please in no case admit your fault nor make any payment or offer of payment without the written authority of the Company.
Answer ALL questions FULLY. It will avoid unnecessary correspondence and consequent delay in the settlement of the claim.

1. Name of Insured _____ Policy No. _____
(in full)
2. Address _____ P.O.Box No. _____
(Plot No.-Street Name)
3. Occupation _____ Telephone No. _____
4. Have you paid premium under this policy: _____
5. The Insured Vehicle:
 - (a) Make _____ (b) Registration No. _____
 - (c) State purpose for which it was being used at the time of accident _____
 - (d) Was the vehicle being used with your knowledge and consent _____
 - (e) If the claim is in respect of motor cycle, state whether a Pillion Passenger was being carried at the time of accident _____
 - (f) If the claim is in respect of a lorry, state:-
 1. Whether a trailer was hauled _____
 2. The nature of goods carried at the time of accident _____
 3. The weight of the load carried at the time of accident _____
 4. Name of the owner of goods _____
 - (g) Is the vehicle your own property? _____
If not, who else is interested in this vehicle and how? _____
6. The person driving at the time of accident:
 - (a) Full name of the person _____
 - (b) Address _____
Relation to Insured _____
 - (c) Particulars of Driving License:
 1. License No. _____ 2. Date and Place of Issue _____
 3. Renewal No. _____ 4. Valid up to _____
 5. Type of License _____ 6. Age of the Driver _____
 - (d) Is he your permanent paid driver? If so, since when? _____
 - (e) Has Driver's License ever been endorsed or suspended? _____
If so, give full details with dates _____
 - (f) State whether:
 - (1) The driver has ever been prosecuted for driving offences _____
If so, give details _____
 - (2) The driver has been involved in any accidents previously _____
If so, give details _____
 - (3) The driver has ever been refused motor vehicle insurance or continuance thereof _____
 - (4) How long has he been driving motor vehicles? _____
 - (5) Has the driver any other insurance of his own? (If so, name of the insurers and details of the vehicle): _____
 - (6) Was he sober _____

IMPORTANT: Kindly attach a copy of driver's license

7. The Accident (Damage, Fire, Theft):

(a) Date of Occurrence _____ (b) Time _____

(c) Place (Street or Road and Town) _____ . _____ : _____

(d) Were you in the Vehicle? _____

(e) If not, when was it reported to you? _____

(f) On what side of the Street or Road was your vehicle and how far from the kerb? _____

(g) What was the width of the Street or Road? _____

(h) And what speed was it being driven at the time of the Accident? _____

(i) In case of theft please state:

(1) Was the vehicle properly locked? _____

(2) Is it fitted with any anti-theft devices such as burglary alarms, steering lock, etc.? _____

If so, give details of such devices _____

(j) Please give full details of the nature and cause of the Accident/Theft/Fire:

(k) Please draw a rough sketch plan of the scene of the accident and attach.

8. The Damage: TO THE INSURED VEHICLE

(a) Give in detail the extent of all damage to the insured vehicle directly due to the accident:

(b) Estimated cost of repairs K.Shs. _____

(c) Where can the vehicle be inspected? _____

N.B. - If possible, an estimate of repairs should be attached to this form and in any event it must be sent to the Company without undue delay

9. Other Vehicle(s) Involved in the Accident _____

Make and Registration No. _____

Insurance Company and Policy No. _____

Name and Address of Owner _____

Name and Address of Person Driving _____

Details and Extent of Damage to Third Party Vehicle _____

10. Death or Injury to Persons

(a) Has the accident caused any injury to any person or persons? _____

Name	Address	Occupation	Nature of injuries	Whether being conveyed in the vehicle or not
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(b) If any person has been removed to a Hospital or medically attended, give name and address of Hospital or Doctor

(c) Did the accident cause damage to property or livestock? If so, name and address of the owner stating nature and extent of damage.

(d) Has any claim been made upon you by any Third Party? If so, give details and attach the intimation:

(e) If accident was caused by the fault of any Third Party, give name and address of such person/s:

(f) How many persons were in the Vehicle at the time of accident? _____

(g) Give the following particulars about all the witnesses to the accident

Name	Address	Whether being conveyed in the vehicle or not

(e) Was the matter reported to the Police? If so, give name of Police Station and date: _____
_____ Ref No. (If available) _____

(f) What action, if any has been or is being taken by the Police or any other authority? _____

(g) Give particulars of other insurance on the Vehicle, if any _____

(h) Whether you have ever before lodged a claim under this Policy and/or any Motor Vehicle Policy? _____

If so, give particulars _____

I/We the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and I/we agree that if I/we have made, or in any further declaration the Company require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the Policy shall be void and all rights to recover thereunder in respect of past or future accidents shall be forfeited.

Date _____ 20 _____

Full Name _____

(Signature of the Insured) Where necessary, the Insured's official stamp must be used.

Note: ANY NOTICE, WRIT OR SUMMONS RECEIVED FROM THE THIRD PARTY MUST BE IMMEDIATELY COMMUNICATED TO THE COMPANY AT THE FOREGOING ADDRESS.