



LION OF KENYA

INSURANCE COMPANY LIMITED.

Head office: Williamson House , 4th Ngong Avenue
 P O Box 30190, 00100 Nairobi , Kenya
 Telephone 2710400 Fax : 2711177
 E-mail : insurance@lionofkenya.com

Branch: Jubilee Insurance building, Moi Avenue
 P O Box 80212 Mombasa , Kenya
 Telephone 224976 Fax: 224356
 E-mail : insurance.msa@lionofkenya.com

MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

1. No liability under the policy is admitted by issue of this form
2. Neither Owner nor 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.
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the Insurers.

Insurers Claim No.

Brokers Ref. No.

POLICY HOLDER Name Tel. No.....
 Address
 Business/Occupation

POLICY Number Expiry date
 Name of hire purchase or finance company

VEHICLE Make & ModelHP/CC Year of Manufacture.....
 Reg. No. of vehicleCarrying capacity
 Reg. No. of Trailer Carrying capacity
 Name and Address of Owner

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

COMMERCIAL VEHICLES Description of goods being carried
 Name of owner of goods Was a trailer attached
 Weight of load on (a) Vehicle(b) Trailer's

DRIVER NameOccupationActual 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 vehicle?
 Was he in any way to blame for the accident Did he admit liability?
 Has he had any previous accident?If so, how many, and approximate date?.....

 Has he any conviction for any offence in connection with any motor vehicle or any charges
 pending?.....
 If so, give details including dates

 Does he hold a full or provisional license to drive this vehicle?
 If full, state date when driving test first passed Number
 Does he own a Motor Vehicle?If so, give name and address of Insurer

..... Driver's Policy No.

ACCIDENT

Date Timea.m/p.m 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 number and station.....
 To which Police Station was the accident reported
 Attach copy Notice of Intended Prosecution if any

PLAN OF
 direction in which
ACCIDENT

Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information.

STATEMENT
BY DRIVER

Signature of Driver

STATEMENT
BY OWNER OR
POLICY HOLDER

DAMAGE TO
INSURED

VEHICLE

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).
 Repairer's name and address Tel. No.
 Is the vehicle still in use? When and where can it be inspected?

OTHER
VEHICLES
INVOLVED
AND
PROPERTY
DAMAGED

Name and address of Owner	Reg. No.	Name of Insurer	Other property damaged
.....
.....

Name and address of driver:

PERSONS
INJURED

Name and Address	Relationship To the Policyholder	If Driver or Passenger Reg. No. of vehicle	Apparent Injuries
.....
.....

INDEPENDENT
WITNESS

Name

Address

PASSENGERS
IN YOUR
VEHICLE

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 Policy holder