



KENYAN ALLIANCE

IMPORTANT NOTICE

1. No liability is admitted by issue of this form
2. Neither owner nor driver may admit fault or liability for this accident
3. Do not answer communication about this accident
Direct these to the Insurance Company for action.
4. All questions on this form must be answered
5. Repairs must not be authorized without prior authority of the insurance Company

CLAIM FORM – MOTOR ACCIDENT

INSURED	Name _____ Tel No. _____ Address _____ Landline _____ Business / Occupation _____ Mobile _____ Email _____
POLICY	Number _____ Expiry date _____ Name of hire purchase or finance company _____
VEHICLE	Make and Model _____ HP/CC _____ Year of Manufacture _____ Reg No. of Vehicle _____ Carrying 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 trailer attached? _____ Weight of load on (a) vehicle _____ (b) Trailer (s) _____
DRIVER	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? _____ Has he had any previous accidents? _____ If so, how many, and approximate dates _____ _____ Has he had any conviction for any offence with any other motor vehicle or any charges pending? _____ _____ If so, give details including dates _____ _____ Does he hold a full or provisional licence 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 _____ Time _____ a.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 the accident _____ Weather condition _____ 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 ACCIDENT	Draw sketch (stating approximate measurements) showing positions of vehicles and persons concerned and the direction in which they were traveling. Also show type and positions of traffic signs, skid marks, pedestrian crossings and any other relevant information.											
STATEMENT BY DRIVER	Signature of Driver _____											
STATEMENT BY OWNER OR POLICY HOLDER	Signature _____											
DAMAGE TO INSURED VEHICLE	State briefly apparent damage _____ (In all cases where your vehicles are damaged and you are entitled to claim under your policy, please send to the Company an estimate for repairs). Is the vehicle still in use? _____ Where and when 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												
PERSON INJURED	Name and address	Relationship to injured	if injured in TP Vehicle give Registration No.	Apparent Injuries								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Name</td> <td style="width: 50%; text-align: center;">Address</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					Name	Address						
Name	Address											
PASSENGERS IN YOUR VEHICLE	Name		Address									
I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident. I understand that nay incorrect information may lead to prosecution and or repudiation of the claim. Date: _____ Signature of Insured _____												