

MOTOR CLAIM FORM



With you every step of the way

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 authorised without prior authority of the Insurers

<u>POLICY HOLDER</u>	Name Telephone Address Business / Occupation
<u>POLICY</u>	Number Expiry date Name of Hire Purchase or Finance Company
<u>VEHICLE</u>	Make & Model HP/Cc Year of Manufacture Reg. No. of Vehicle Carrying capacity Reg. No. of Trailer Carrying capacity
<u>USE</u>	State the exact purpose for which the vehicle was being used at the time of the accident
<u>COMMERCIAL VEHICLE</u>	Description of goods being carried Name of owner goods Was trailer attached Weight of load on (a) vehicle (b) Trailer's
<u>DRIVER</u>	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 any way 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 or any charges pending? If so, give details including dates Does he hold a full or provisional licence to drive the vehicle? If full, state date when driving test first passed Licence Number Does he own a Motor Vehicle? If so give name and address of Insurer Driver's Policy No.
<u>ACCIDENT</u>	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? Estimate speed before 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 of Notice of Intended Prosecution if any

