

MOTOR ACCIDENT REPORT FORM



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Insurers Claim No:

Brokers Ref. No:

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 communications 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 authorised without prior authority of the Insurance company.

INSURED

Name Tel: No.
Address
Business / Occupation

POLICY

Number Expiry Date
Name of hire purchase or finance company

VEHICLE

Make & Model HP / CC
Ref. No. of vehicle Carrying Capacity
Ref. No. of trailer Carrying Capacity
Name and address of Owner Year of Manufacture

USE

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

COMMERCIAL VEHICLES

Description of goods being carried
Name of owner of goods Was a trailer attached?
Weight of load on (a) vehicle (b) Trailers (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 vehicle?
Was he in any way to blame for the accident? Did he admit liability?
Has he had previous accidents? If so, how many, and approximate dates?
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 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 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 of Notice of intended prosecution if any.

**PLAN OF
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 crossing and any other relevant information.

**STATEMENT
BY DRIVER**

Signature of Driver

**STATEMENT BY
OWNER OR
INSURED****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 company an estimate for repairs).

Repairer's name and address

..... Tel. No. Fax 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 & Policy No.	Other property damaged
.....
.....

**PERSONS
INJURED**

Name and address	Relationship to the Insured	If Driver or passenger Reg. No. of vehicle	Apparent injuries
.....
.....

**INDEPENDENT
WITNESSES**

Name	Address	Tel. No.
.....
.....

**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 incident.

Date:

Signature of Insured