



Regulated by the Insurance Regulatory Authority

Resolution Insurance Company Limited
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Motor Accident Claim Form

Claim Ref. No.

Broker / Agent

Important Notes

1. Answer all questions completely
2. No liability is admitted by issuance of this form.
3. Neither owner nor driver may admit or Liability for this Accident.
4. Do not answer communications about this Accident: Direct these to the Resolution Insurance for Action
5. Repairs must not be authorized without prior authority of the Insurance Company

(Note: Please complete all sections in **Block Letters** and **BLACK** ink)

A: INSURED

Name Title Surname First Name Middle Name

Telephone No. Email

Postal Address Address Postal Code Physical Location

B: POLICY

Policy Number Expiry Date

Name of hire purchase or finance company

C: VEHICLE DETAILS

Make & Model HP/CC

Reg. No. of Vehicle Carrying Capacity

Reg. No. of Trailer Carrying Capacity

Name of Owner Surname First Name Middle Name

Postal Address Address Postal Code Physical Location

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? Yes No

Weight of load on (a) Vehicle (b) Trailer

D: DRIVER DETAILS

Name Surname First Name Middle Name

Occupation Date of Birth

Postal Address Address Postal Code Physical Location

Telephone Number Code Number Is he/she employed by you?

How long has he/she been in your service? Was he/she driving with your permission?

Was he/she in any way to blame for the accident? Did he/she admit liability?

Has he had previous accidents? If so, how many, and approximate date of occurrence

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Has he any conviction for any offense in connection with any motor vehicle or any charges pending:

If so, please give details inclusive of dates

Does he/she hold a full or provisional license to drive this vehicle?

If full, please state when driving test was first passed Number

Does he/she hold a motor vehicle? If so, give name and address of insurer

Driver's policy number

E: ACCIDENT

Date Time am/pm Place

Type of road surface Visibility Wet or Dry?

What lights were showing on your vehicle before the accident?

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?

PLAN/SKETCH OF THE 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

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:

Telephone No. Is the vehicle still in use? When and where can it be inspected?

DAMAGE TO THIRD PARTY VEHICLE

Name and Address of the owner	Registration No.	Name of Insurer	Other Property Damage

PERSONS INJURED

Name and Address	Relationship to the Insured	If driver or Passenger Registration Number of Vehicle	Apparent Injuries

INDEPENDENT WITNESSES

Name	Address

PASSENGERS IN YOUR VEHICLE

Name	Relationship to Insured	Address

DECLARATION

I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Signature: Date of Completion:
Name of person signing form: