



CORPORATE
INSURANCE

**MOTOR ACCIDENT
REPORT FORM**
CORPORATE INSURANCE COMPANY LIMITED
International House, Mama Ngina Street,
P. O Box 34172, 00100 – NAIROBI
Tel: 020 2717617, 0770 366855
Email: info@cickenya.com; claims@cickenya.com

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 _____

Address _____ Tel No. _____

Business/Occupation _____ E-mail: _____

Policy

Number _____ Expiry Date _____

Name of hire purchase or finance company _____

Vehicle

Make _____ Model _____ HP/CC _____

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 _____

Name of owner of goods _____ Was Trailer attached _____

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

(Continued)

Driver

Name _____ Date of birth _____

Address _____ Tel No. _____

Occupation _____ Is he/she employed by you? _____

If not, relationship with Insured _____ How long has he/she been in your service? _____

Was he/she driving with your permission? _____ How long has he/she been driving motor vehicles? _____

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

Has he/she had any previous accidents? _____ if so, how many, and approximate dates? _____

Has he/she any conviction for any offence with any other Motor Vehicle or any charges pending ? _____

If so give details including dates _____

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

If full, state date when driving test first passed _____ Number _____

Does he/she 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 Station take the particulars? _____ If so, give constable 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 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 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 to the Company 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 Insured	If driver or Passenger Reg. No. of Vehicle	Apparent injuries

Independent witnesses

Name	Address

Passengers in your vehicle

Name	Address

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

Date _____

Signature of Insured

NOTES:-