

THE HERITAGE INSURANCE COMPANY LIMITED
CFC House, Mamlaka Road, P.O. Box 30390, 00100-Nairobi, Kenya.

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MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

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| <p>1. No liability under the policy is admitted by Issue of this form</p> <p>2. Neither Owner nor driver must admit fault or liability for this Accident</p> <p>3. Do not answer communications about this Accident, but send them to the Insurers for consideration.</p> | <p>4. All questions on this form must be answered</p> <p>5. Repairs must not be authorised without prior authority of the Insurers.</p> |
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POLICY HOLDER	Name.....Tel.No..... Box No.....Code.....Town.....Mobile..... Business/Occupation.....Email.....Fax no
POLICY	Number..... Expiry date..... Name of hire purchase or finance company.....
VEHICLE	Make & ModelHP/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 VEHICLE	Description of goods being carried Name of Owner of goods was a trailer attached Weight of load on (a) Vehicle (b) Trailer(s)
DRIVER	Name Occupation Actual Date of birth P.o. BoxCode.....Town..... Tel. No..... Mobile 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 any previous accidents?..... If so, how many and approsimate 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	DateTime..... a.m./p.m. Place Type of road surfaceVisibility..... Wet or Dry? What lights were showing on your vehicle? What warning did your driver give? Estimated speed before Weather conditions..... Did Police take particulars? If so, give Constable's number and station..... To which Police Station was the accident reported? Attached 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 traveling. Also show type and position of traffic signs mark, pedestrian crossings and any other relevant information.			
STATEMENT BY DRIVER	Signature of Driver			
STATEMENT BY OWNER OR POLICY HOLDER				
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 Insurers an estimate for repairs) Repair's name and address Tel. No..... is the vehicle still in use? When and where can it be inspected			
OTHER VEHICLES AND PROPERTY DAMAGE	Name and address of Owner	Reg. No.	Name of Insurer	Other property damaged

PERSONS INJURED	Name and address	Relationship to the Policyholder	If Driver or Passenger Reg.No. of Vehicle	Apparent injuries

INDEPENDENT WITNESS	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.

Date..... Signature of Policyholder and rubber stamp of corporate.....