

## MOTOR ACCIDENT REPORT FORM

### IMPORTANT NOTICE

1. No liability under the policy is admitted by Issue of this form
2. Neither Owner nor driver must admit fault or liability for this Accident
3. Do not answer communications about this Accident, but send them to the Insurers for consideration.
4. All questions must be answered in full, in BLOCK letters, in your own handwriting or to your dictation.
5. Repairs must not be authorised without prior authority of the Insurers.

**(1) POLICY NO.**  **EXPIRY DATE**

Name of Insured

Contact Details:

(tel)  (mobile):  (email):

(postal)  (code)  (city)

### (2) VEHICLE

Make & Model

HP/CC  Year of Manufacture

Reg.No.(Vehicle)  Carrying capacity

Reg. No. (trailer)  Carrying capacity

Name and Address of Owner :

Name

Address

### (3) VEHICLE USE

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

### (4) COMMERCIAL VEHICLE *(if applicable)*

Description of goods being carried

Name of Owner of goods

Was a trailer attached ?  Yes  No

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

### (5) THE DRIVER

Name of Driver  Date of Brith

Contact Details  Occupation

Please provide the following additional details if the Driver is different from the Insured

PIN  ID *(if Kenyan)* / Passport *(if Non-Kenyan)*

Is the driver employed by you?  Yes  No

How long has the driver been in your service?

Was the driver driving with your permission?  Yes  No

How long has the driver been driving motor vehicles?

Was the driver in any way to blame for the accident?  Yes  No

Did the driver admit liability?  Yes  No

Has the driver had any previous accidents?  Yes  No

If so, how many and approximate dates?

Has the driver had any conviction for any offence in connection with any motor vehicle or any charges pending?  Yes  No  
If so, give details including dates:

Does the driver hold a full or provisional licence to drive this vehicle?  Yes  No  
If full, state date when driving test first passed and the License No

Does the driver own a Motor Vehicle?  Yes  No  
If so, give name, address of Insurer and the Policy No.

**(6) THE 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 (Km/Hr) \_\_\_\_\_

Weather conditions \_\_\_\_\_

Did Police take particulars?  Yes  No

If 'Yes' Constable's/Officer's Police no. and station \_\_\_\_\_

To which Police Station was the accident reported? \_\_\_\_\_

*Attach copy Notice of Intended Prosecution if any*

**(7) 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.

**(8) STATEMENT BY DRIVER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Driver : \_\_\_\_\_

**(9) STATEMENT BY OWNER OR POLICY HOLDER**

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**(10) DAMAGE TO INSURED VEHICLE**

State briefly apparent damage

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(in all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to The Heritage Insurance Company Kenya Limited an estimate for repairs)- A list of garages on The Heritage Insurance Company Kenya Limited panel is available on request)

Name and address of repairer : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Is the vehicle still in use?  Yes  No

When and where can it be inspected? \_\_\_\_\_

**(11) OTHER VEHICLES AND PROPERTY DAMAGE**

Name and address of Owner	Reg. No.	Name of Insurer	Other property damaged

**(12) PERSONS INJURED**

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

**(13) INDEPENDENT WITNESS**

Name	Tel. No. and Address

**(14) PASSENGERS IN YOUR VEHICLES**

Name	Tel. No. and 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 (Rubber stamp if corporate): \_\_\_\_\_