



Motor Accident Report Form

Corporate Insurance Company Limited

Important Notice

1. No liability is admitted by issue of this form.
2. Neither the owner nor the driver may admit fault or liability for this accident.
3. Do not answer communications about this accident, direct these to Corporate Insurance Company for action.
4. All questions on this form must be answered.
5. Repairs must not be authorized without prior authority of Corporate 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 the vehicle _____ Carrying capacity _____

Reg. No. of trailer _____ Carrying capacity _____

Name and Address of the Owner _____

www.corporatekenya.com

Mama Ngina Street, International House. 8th Floor. P.O. Box 34172 – 00100 Nairobi, Kenya.

Tel: 020 7658000 Mobile: 0728 700093 Email: info@cickenya.com

Use

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

Commercial Vehicles

Description of the goods _____

Name of the owner of the goods _____ Was Trailer attached _____

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

Driver

Name _____ Date of birth _____

Address _____ Tel No. _____

Occupation _____ Is he/she employed by you? _____

Relationship with Insured _____

How long has he/she been in your service? _____

Was he/she driving with your permission? _____ How long has he/she driven? _____

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

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

Has he/she had any conviction for any offense with any motor vehicle or any pending charges?

If so, give details including dates _____

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

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

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

Driver's policy No. _____

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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 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 positions of vehicles and persons concerned and the direction in which they were traveling. Also show the type and position of the traffic signs, skid marks, pedestrian crossing, and other relevant information.

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Statement by driver _____

Signature of the 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 the Insured _____

Notes: