GEMINIA INSURANCE COMPANY LIMITED
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MOTOR ACCIDENT
REPORT FORM

INSTRUCTIONS:
- Please read carefully and fill out the entire document.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or dictation.
- Submit a Certificate of Incorporation, KRA pin certificate with this application.

INSURED

Name_____

Business/Occupation_____ Address_____ Code_____

Town_____ Email Address_____

Tel. No (Landline)_____ Tel. No (Cell Phone)_____

POLICY

Policy Number_____ Expiry Date_____

Name of the company or Finance Company_____

VEHICLE

Make & Model_____ Reg. No. of Vehicle_____

Carrying Capacity_____ Reg. No. of Trailer_____ Carrying Capacity_____

HP/CC_____ 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 being carried_____

Name and owner of goods_____ Was the trailer attached? Yes ☐ No ☐

Weight of load on a) Vehicle_____ b) Trailer_____

DRIVER

Name_____ Occupation_____

Date of Birth_____ Address_____ Code_____ Relationship with owner_____

Town_____ Email Address_____

Tel. No. (Cell Phone)_____ Is he/she employed by you? Yes ☐ No ☐

No of years in service_____ Was he/she driving with your Yes ☐ No ☐

How long has he/she been driving the vehicle?_____

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

Did he/she had admit liability? Yes ☐ No ☐

Has he/she had any previous accidents? Yes ☐ No ☐

If so, how many and approximate does?_____

Has he/she any conviction for any offence in connection with any motor vehicle or any charges pending? Yes ☐ No ☐

If so, give details including dates_____

Does he hold a full or provisional licence to drive this vehicle? Yes ☐ No ☐

If full, state date when driving test passed and Number_____

ACCIDENT

Date & Time_____am/pm Place _____

Type of Road Surface_____Visibility_____

Wet or Dry?_____ What light were showing on your vehicle?_____

What warning did your driver give?_____

Estimated speed before the accident_____Weather conditions_____

Did police take particulars? Yes ☐ No ☐

If so, give Constable's 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 vehicle(s) and person(s) concerned and the direction in which they were travelling. Also showing type and position of traffic signs, skid marks, pedestrian crossings and any 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 at once to the Company an estimate for repairs)

Repairer's Contacts

Name:_____ Address:_____

Tel. No:_____ Email Address:_____

Is the vehicle still in use? Yes☐ No☐

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

PERSONS INJURED

Name and address	Relationship to the Insured	Name of Insurer	Other property damaged

INDEPENDENT WITNESSES

Name	Address

PASSENGERS IN YOUR VEHICLE

Name	Address

PASSENGERS IN YOUR VEHICLE

(FOR OFFICIAL USE ONLY)	CLAIM NO.	

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 Insured_____