



# 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 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 license 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**



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

<b>(FOR OFFICIAL USE ONLY)</b>	<b>CLAIM NO.</b>	
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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 \_\_\_\_\_