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## MOTOR CLAIM FORM

Claim NO. ....

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**INSURED**

Name \_\_\_\_\_ Tel: \_\_\_\_\_ ID No \_\_\_\_\_

Postal Address \_\_\_\_\_ Email: \_\_\_\_\_

Residential Address \_\_\_\_\_

Occupation \_\_\_\_\_ Pin No \_\_\_\_\_

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

Please answer **All** QUESTIONS fully. It will avoid unnecessary correspondence and consequent delay in the settlement of the claim.

FOR OFFICIAL USE	
POLICY NO.	LOG BOOK NO.
COVER	EXCESS
INSURED VALUE	
PERIOD FROM	TO:

**PARTICULARS OF VEHICLE CONCERNED IN ACCIDENT**

VEHICLE	Registered Letter and Number	Current Policy No. and Renewal No.	For what purpose was vehicle being used?
MAKE			
YEAR OF MFG			

Was the Vehicle in a safe and roadworthy condition? \_\_\_\_\_

If you own more than one Motor Vehicle, how many were in use at the same time? \_\_\_\_\_

If a Motorcycle:      1. Was a trailer attached? \_\_\_\_\_

   2. Was a sidecar attached? \_\_\_\_\_



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3. Was a pillion Rider Carried? \_\_\_\_\_

**IF A COMMERCIAL VEHICLE**

State nature of goods carried \_\_\_\_\_

Was the Vehicle loaded to capacity? \_\_\_\_\_

What was the weight of goods carried? \_\_\_\_\_

Was the Vehicle plying for hire? \_\_\_\_\_

**THE PERSON DRIVING AT THE TIME OF ACCIDENT**

A. Full names of the person (a)? \_\_\_\_\_ ID NO \_\_\_\_\_

B. Address (b) \_\_\_\_\_

C. His Age and Occupation \_\_\_\_\_ Relation to Insured \_\_\_\_\_

D. Particulars of Driving Licence

1. Licence No \_\_\_\_\_ 2. Date and place of issue of original \_\_\_\_\_

3. Date of Expiry \_\_\_\_\_ 4. Renewal No \_\_\_\_\_

5. Valid up to \_\_\_\_\_ 6. Type of Licence \_\_\_\_\_

Has it been endorsed? If so, give particulars \_\_\_\_\_

Has Driver previously been involved in an Accident? \_\_\_\_\_

If paid Driver, how long has he been in your employment? \_\_\_\_\_

Have the police charged the Driver, and if so why? \_\_\_\_\_

**OTHER INSURANCE**

Is there any other policy indemnifying you or the Driver in respect of this accident, give details?

\_\_\_\_\_

**STATE HOW ACCIDENT LOSS OR BREAKDOWN OCCURRED**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM \_\_\_\_\_

Place of accident \_\_\_\_\_

Estimated speed of your Vehicle \_\_\_\_\_ Kms per hour



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**Give a short description of how the Accident, Loss or Breakdown occurred.**

Statement of driver.....  
.....  
.....  
.....  
.....  
.....  
.....

.....

Driver Signature

If accident was caused by the fault of any Third Party, give name and address of such person/s.....

\_\_\_\_\_

**SKETCH**

Please make a **rough plan of the road on the back of this form**, showing positions of Vehicles and persons concerned at the time of Accident. An arrow should indicate the directions in which they were moving.

\_\_\_\_\_

**IN CASE OF THEFT PLEASE GIVE THE FOLLOWING DETAILS**

1. Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_
2. When did you last use the Car? \_\_\_\_\_
3. (a) What has been stolen? \_\_\_\_\_  
(b) State estimated cost of replacement \_\_\_\_\_
4. (a) If theft occurred while the Vehicle was standing in street was it unattended? \_\_\_\_\_  
(b) if so, how long? \_\_\_\_\_
5. If car was in garage, was forcible entry made? \_\_\_\_\_
6. When was the theft reported to you \_\_\_\_\_
7. By whom discovered and when? \_\_\_\_\_





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8. (a) Have police been notified? \_\_\_\_\_  
(b) If so, when and with what result? \_\_\_\_\_  
(c) State name of Police Station \_\_\_\_\_
9. (a) Is paid Driver kept? \_\_\_\_\_  
(b) If so, how long has he been in your service? \_\_\_\_\_
10. Do you suspect any person? \_\_\_\_\_

**WITNESSES: It is most important that Names and addresses of all independent Witnesses of an Accident should be obtained whether the Driver considers himself to blame or not.**

Give names and Addresses of all witnesses of Accident

Passenger in Car

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

Independent Witnesses

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

If Witnesses names not taken, give reason \_\_\_\_\_

Did a police Constable witness Accident or take particular? \_\_\_\_\_

Was Accident reported to Police, state names of Police Station \_\_\_\_\_  
\_\_\_\_\_

Was any statement, as to fault, made by witnesses or Drivers at Time?  
\_\_\_\_\_

**PARTICULARS OF DAMAGE TO THIRD PARTY'S VEHICLE**

Name \_\_\_\_\_

Addresses \_\_\_\_\_

Full extent Damage to **Vehicle Reg. No.** \_\_\_\_\_ **Make** \_\_\_\_\_

Has Notice of any Claim been given to you? \_\_\_\_\_

Please dispatch to the Company forthwith and unanswered any written Communications which may have been received.



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**PARTICULARS OF INJURY TO OCCUPANTS OF THIRD-PARTY VEHICLE OR PADESTRIAN**

Name \_\_\_\_\_

Address \_\_\_\_\_

Full extent of apparent injuries \_\_\_\_\_

\_\_\_\_\_

Has notice of any claim been given to you? \_\_\_\_\_

If any injured person has been removed to a hospital or medically attended given name and address of the Hospital or Door \_\_\_\_\_

**PARTICULARS OF INJURY TO DRIVER OR OCCUPANTS IN INSURED 'S VEHICLE**

Was any injury sustained by you Driver or Occupants of your Motor Vehicle? \_\_\_\_\_

**Persons injured**

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

Full particulars of Damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated cost of Repairs \_\_\_\_\_ Address where damaged Vehicle  
 may be inspected \_\_\_\_\_

Repairs should be requested to forward Estimate to the Company immediately for Verification.

Did the accident cause damage to property or livestock? If so, give name and address of the owner stating nature and extent of damage.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTRA AFRICA ASSURANCE CO. LTD.**  
LAXCON TOWERS, P.O. BOX 49884-00100, NAIROBI, KENYA  
TEL: 3743991/955 FAX:3743460  
Email: [branchinfo@intraafricaass.co.ke](mailto:branchinfo@intraafricaass.co.ke)



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**THIS SPACE IS RESERVED FOR ROUGH SKETCH OF SCENE OF ACCIDENT**

I/We the above named , do hereby , to the best of my knowlegde and belief , warrant the truth of the foregoing statement in every respect: and /we agree that if I/we have made , or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement or any suppression or concealment the Policy shall be void and all rights to recover thereunder in respect of past of future accident shall be forfeited.

Date \_\_\_\_\_ Insured's Signature \_\_\_\_\_