

MOTOR CLAIM FORM

Agency **ICK Insurance Brokers Ltd.**

Claim No _____

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

Please in no case admit your fault or make any payment without the written authority of the Company.

Answer **ALL** question FULLY. It will avoid unnecessary correspondence and consequent delay in the settlement of the claim.

1. Name of Insured _____ Policy No _____

2. Address _____ P.O. BOX _____

3. Occupation _____ Telephone _____

4. The Insured Vehicle

(a) Make _____ (b) Cubic Capacity _____ (c) Registration _____

(d) Price paid by the Insured _____ (e) Year Of Manufacture _____

(f) Date of purchase _____ (g) State whether New or Secondhand _____

(h) State purpose for which it was being used at the time of accident _____

(i) Was it in proper order and condition at the time? _____

(j) Mileage at time of accident/theft/fire _____

(k) Was the vehicle being used with your knowledge and consent? _____

(l) If the claim is in respect to motor cycle state whether a pillion passenger was being carried _____

(m) If the claim is in respect of a lorry state:

1. Whether a trailer was hauled _____

2. Give description of goods carried at the time of accident _____

3. The weight of the load carried at the time of accident _____

4. Name of the owner of goods _____

(n) Is the vehicle your own property? _____

If not who else is interested in this vehicle and how? _____

5. The person driving at the time of accident:

- (a) Full name of the person _____ (b) Address _____
(c) His age and Occupation _____ Relation to Insured _____
(d) Particulars of driving Licence:
1. Licence No _____ 4. Renewal No _____
2. Date and place of issue _____ 5. Valid up to _____
3. Date of expiry _____ 6. Type of Licence _____
(e) Is he your permanent paid driver? If so since when? _____
(f) Has Driver's licence ever been endorsed or suspended? _____
If so five full details with dates _____
(g) State whether: (1) the driver has ever been prosecuted for driving offences _____
If so, give full details with dates _____
(2) The driver has been involved in any accidents previously _____
(3) Has the driver ever been refused motor insurance or continuance thereof _____
(h) How long has he been driving motor vehicles? _____
(i) Has the driver any other motor insurance of his own? (If so state name of the insurers and details of the vehicle)

(j) Was he sober _____ **IMPORTANT: Kindly attach driver's licence**

6. The Accident (Damage, Fire, Theft):

- (a) Date of Occurrence _____ (b) Time _____
(c) Place (State or Road and Town) _____
(d) Were you in the vehicle? _____ (e) If not, when was it reported to you _____
(f) On what side of the Street or Road was your vehicle and how far from the kerb? _____

(g) What was the width of the street or road? _____
(h) At what speed was it being driven at the time of the accident _____
(i) In case of theft please state: (i) was the vehicle properly locked? _____
(ii) Is it fitted with anti-theft devices such as burglar alarms, steering-lock, etc.? _____
If so give details of such devices _____
(k) Please give details of the nature and cause of the Accident/Theft/Fire:

(I) Please draw a rough sketch plan of the scene of the accident:

7. The Damage

a) Give the details the extent of all damage to the insured vehicle directly due to the accident:

b) Estimated cost of repairs Kshs. _____

c) Where can the vehicle be inspected? _____

d) Have you given instructions for repairs to be carried out? If so, to whom (Name and Address):

e) Have you instructed them to send an estimate to the Company immediately? _____

NB: If possible an estimate of repairs should be attached to this form and in any event it must be sent to the company without undue delay

8. The Result:

(a) Has the accident caused any injury to any person or persons? _____

If so, give the following particulars:

Name	Address	Occupation	Nature	Whether being conveyed in the vehicle or not

(b) If any injured has been removed to a Hospital or medically attended, give name and address of Hospital or Doctor _____

(c) Did the accident cause damage to Third Party vehicle or other property or livestock? If so, give name and address of the owner stating nature and extent of damage _____

9. (A) has any claim been made upon you by any Third Party? If so, give details and attach the information _____

Note: ANY NOTICE, WRITE OR SUMMONS RECEIVED FROM THE THIRD PARTY MUST BE IMMEDIATELY SENT TO THE COMPANY AT THE FOREGOING ADDRESS

(b) If accident was caused by the fault of any Third Party, give name and address of such person/s: _____

(c) How many persons were in the vehicle at time of the accident: _____

(d) Give the following particulars about all witness to the accident:

Name	Address	Whether being conveyed in the vehicle or not



Table with 3 columns and 3 rows, currently empty.

(e) Was the matter reported to the Police? If so, give name of the Police Station and date: _____

Ref No: (if available) _____

(f) What action, if any, has been or is being taken by the Police or any other authority? _____

(g) Give particulars of other insurance on the vehicle, if any _____

(h) Have you paid the premium under this Policy? _____

(i) Whether you have ever before lodged a claim under this Policy and/or any Motor vehicle Policy? _____

If so, give particulars: _____

I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect and I/We agree that if I/We have made further declaration the Company require in respect of the said Accident, shall make any false or fraudulent statements, or any suppression or concealment the policy shall be void and all Rights of recovery thereunder in respect of past or future accidents shall be forfeited.

Date _____

Witness _____

Full Name _____

Address of Witness _____

Signature of the Insured _____

Where necessary the Insured's stamp

