



GENERAL • LIFE • HEALTH

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MOTOR ACCIDENT REPORT FORM**IMPORTANT NOTICE**

1. No Liability is admitted by issue of this Form.
2. Neither owner nor driver may admit fault or Liability for this Accident.
3. Do not answer communications about this Accident.
Direct these to the Insurance Company for Action.
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the Insurance Company.

Insurers Claim No: _____

Brokers Ref. No.: _____

INSURED	Name _____ Tel.No. _____ Address _____ Business/Occupation _____
POLICY	Number _____ Expiry date _____ Name of hire purchase or finance company _____
VEHICLE	Make & Model _____ HP/CC _____ Reg. No. of vehicle _____ Carrying capacity _____ Reg. No. of trailer _____ Carrying capacity _____ 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 of owner of goods _____ Was a trailer attached? _____ Weight of load on (a) Vehicle _____ (b) Trailer(S) _____
DRIVER	Name _____ Occupation _____ Date of birth _____ Address _____ Tel. No. _____ Is he employed by you? _____ How long has he been in your service? _____ Was he driving with your permission? _____ How long has he been driving motor vehicles? _____ Was he in any way to blame for the accident? _____ Did he admit liability? _____ Has he had any previous accidents? _____ If so, how many, and approximate date? _____ _____ Has he any conviction for any offence in connection with any motor vehicle or any charges pending? _____ If so, details including dates _____ _____ Does he hold a full or provisional licence to drive this vehicle? _____ If full, state date when driving test first passed _____ Number _____ Does he own a Motor Vehicle? _____ if so, give name and address of Insurer _____ Driver's Policy No. _____
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? _____ Estimate speed before accident _____ Weather conditions _____ Did Police take particulars? _____ 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 vehicles and persons concerned and the direction in which they were travelling. Also show 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 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 InsuredIf 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 (and unanswered) any correspondence relating to this accident.

Date _____

Signature of Insured _____