



Kenindia Assurance Company Limited

(Incorporated in Kenya)

Head Office: Kenindia House, Loita Street

P.O. Box 44372 Nairobi, Kenya. Tel. 333100 Cable Kenindia Telex: 23173

POLICY NO. _____

BRANCH _____

CLAIM NO. _____

RENEWAL DATE _____

CLAIM FORM FOR INSURANCE OF MOTOR VEHICLE

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

Please in no case admit your fault nor make any payment or offer of payment without the written authority of the Company.

Answer ALL questions FULLY to avoid unnecessary correspondence and consequent delay in the settlement of the Claim.

(a) NAME OF INSURED (IN FULL) _____

(b) Address _____ P.O. Box _____ Tel. No. _____

Plot No. _____

Street/
Road _____

District _____

(c) Profession or Occupation _____

(1) The Insured Vehicle:

(a) Make (a) _____

(b) Horse Power (b) _____

(c) Registration No. (c) _____

(d) Price paid by the Insured (d) _____

(e) Year of Manufacture (e) _____

(f) Date of Purchase (f) _____

(g) State whether New or Secondhand (g) _____

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

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

(j) Mileage at the time of accident/theft/tire (j) _____

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

(l) If the claim is in respect of motor cycle, state whether a Pillion Passenger was being carried at the time of accident (l) _____

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

1. Whether a trailer was hauled 1. _____

2. The nature of goods carried at the time of accident 2. _____

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

4. Name of the owner of goods 4. _____

(n) Is the vehicle your own property? (n) _____

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

(2) The person driving at the time of accident:

- (a) Full Name of the Person (a) _____
- (b) Address (b) _____

- (c) His Age and Occupation (c) _____
Relation to Insured _____
- (d) Particulars of Driving Licence:
1. Licence No. 1. _____
 2. Date and Place of Issue 2. _____
 3. Date of Expiry 3. _____
 4. Renewal No. 4. _____
 5. Valid up to 5. _____
 6. Type of Licence 6. _____
- (e) Is he your permanent paid driver? (e) _____
If so since when?
- (f) Has Driver's licence ever been (f) _____
endorsed or suspended?
If so, give full details with dates

- (g) State whether:
1. The driver has ever been (1) _____
prosecuted for driving offences
If so, give details

 2. The driver has been involved (2) _____
in any accidents previously
If so give details

 3. The driver has ever been refused (3) _____
motor vehicle insurance or
continuance thereof

- (h) How long has he been driving motor (h) _____
vehicles.
- (i) Has the driver any other motor (i) _____
insurance of his own
(if so, state name of the insurers and
details of the vehicle)

- (j) Was he sober (j) _____

Important

Kindly attach driver's licence.



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

(4) The Damage:

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

(a) _____

(b) Estimated cost of repairs

(b) Shs _____

(c) Where can the vehicle be inspected?

(c) _____

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

(d) _____

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

(e) _____

N.B.—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.



(5) The Result:

(a) Has the accident caused any injury to any person or persons? (a) _____
 If so, give the following particulars:—

| Name | Address | Occupation | Nature of injuries | Whether being conveyed in the vehicle or not |
|------|---------|------------|--------------------|--|
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(b) If any injured person has been removed to a Hospital or medically attended, give name and address of Hospital or Doctor (b) _____

(c) Did the accident cause damage to property or live stock? (c) _____
 If so, give name and address of the owner stating nature and extent of damage. _____

(6) General:

(a) Has any claim been made upon you by any Third Party? (a) _____
 If so, give details and attach the intimation: _____

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

(b) If accident involves Third Party, give names and address of: (b) _____

(i) Name of Insurance company (i) _____

(ii) Registration No. of Motor Vehicle. (ii) _____

(iii) Certificate No. (iii) _____

(iv) Policy No. (iv) _____

(v) Name of the Driver. (v) _____

(c) How many persons were in the Vehicle at the time of accident? (c) _____



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

| Name | Address | Whether being conveyed in the Vehicle or not |
|------|---------|--|
| | | |
| | | |
| | | |
| | | |
| | | |

(e) Was the matter reported to the Police? (e) _____

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? (f) _____

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

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

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

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 statements in every respect and I/we agree that if I/we have made, or in any further declaration the Company 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 recover 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 official stamp must be used.