



Agency/Broker: _____

CUSTOMER INFORMATION

Surname: _____ Other Names: _____

Postal Address: _____ Code: _____ Town: _____

Policy Number: _____ Telephone Number: _____

Mobile Number: _____ Email Address: _____

PIN No: _____ ID/Passport No: _____

Occupation: _____

VEHICLE DETAILS

Registration: _____ Year: _____ Make: _____ Model: _____

Financier's Name (if applicable): _____

DRIVER DETAILS

Who was driving at the time of the accident?: Surname: _____

Other Names: _____ Occupation: _____

Address, Telephone Number, Mobile Number (if different from above): _____

Date of Birth: **DD / MM / YYYY** ID/Passport No: _____

Relationship to insured: _____ PIN No: _____

Driver's License No: _____ Date Issued: _____ Gender: Male Female

How long have you been driving? _____

Had you consumed any intoxicating liquor or taken any medication or other drugs within 6 hours prior to the accident? YES NO If yes to any of the above, please give details:

If you are not insured, do you have a vehicle of your own? YES NO If yes, who is the insurer?

Have you ever been convicted in the last 5 years of any offence in connection with any motor vehicle, or is any prosecution or Police enquiry pending? YES NO If yes to any of the above, please give details:

ACCIDENT DETAILS

What was the Date of the Accident?: _____ Time: _____ AM/PM

Where did the Accident occur? Town: _____ Road: _____

What was your Speed at the time of the Accident in Mph/Kmh?: _____ Were your headlights on?: Y N

What was the Weather Condition at the time of the Accident?: _____ N

What warning was given immediatley prior to the Accident?: _____

Where is the Vehicle now?: _____

Name of the Repairer/Garage (see list from CIC panel of garage): _____

Contacts: _____

Details of Towing Agency: _____

Did the Police witness or attend the Scene of the Accident? Y N If yes, please write the name of the

Police Officer: _____ Force Number: _____

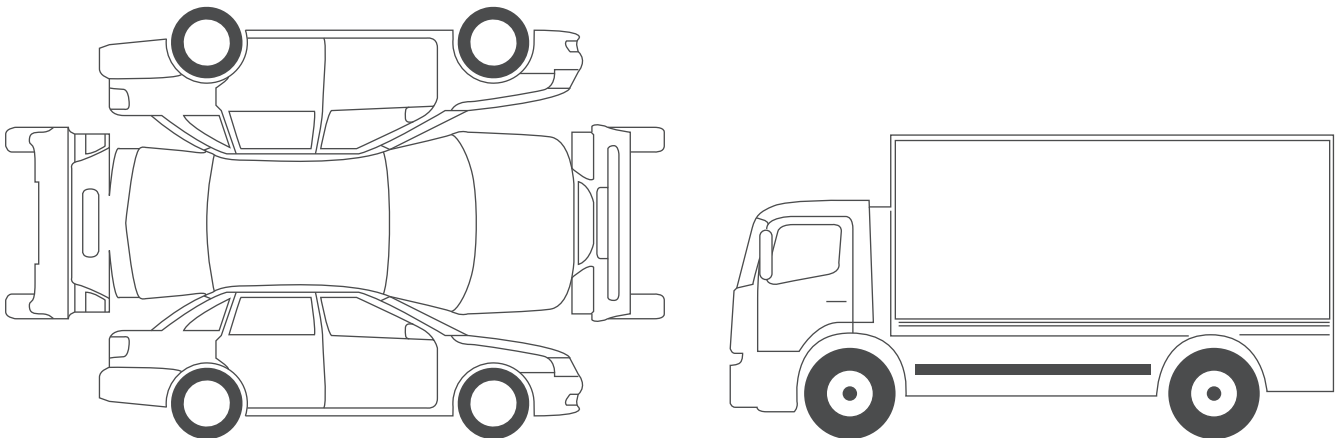
Name of Police Station: _____ O.B. Number: _____

How many Occupants were in your Vehicle?: _____

Was the Driver or any Passenger(s) in your Vehicle injured as a result of this Accident? Y N If yes to any of the above, please give details:

Name	Nature and Extent of Injuries	Relationship to the Insured

Please illustrate damage to your vehicle by indicating an X on the diagram below:



Give a brief statement describing the extent of damage:

Sketch plan of Scene of Accident:

DRIVER'S STATEMENT:

PLEASE WRITE AND SIGN A COMPREHENSIVE STATEMENT DETAILING CIRCUMSTANCES SURROUNDING REGARDING THE ACCIDENT ON A SEPARATE SHEET OF PAPER

Did you admit liability?: Y N Signature:

INSURED'S STATEMENT:

PLEASE WRITE AND SIGN A COMPREHENSIVE STATEMENT REGARDING THE ACCIDENT ON A SEPARATE SHEET OF PAPER

Have you ever made any claim or been in an accident in connection with a vehicle in the last 5 years?: Y N

If yes, please provide full details:

Was the vehicle being driven without your authority or permission? Y N

If yes, please provide full details:

PERSONAL INJURY TO THIRD PARTIES (if applicable)

Was anyone else injured as a result of this accident? (Pedestrian or Passenger in the other vehicle): Y N

If yes, please avail the following details: Name, address, hospital attended, nature and extent of injuries:

THIRD PARTY PROPERTY DAMAGE DETAILS (if applicable)

Was there any third party property damage? Y N Motor Vehicle Y N Other properties Y N
If yes, please avail the details (as applicable):

Name of Owner: _____

Name of Driver: _____

Address: _____

Registration No.: _____ Make: _____

Extent of the damage: _____

Third party's insurer: _____ Policy number: _____

Did the other driver admit liability for the accident? Y N _____

WITNESSES

Please provide names and contact details of all witnesses to this accident

Name: _____ Contacts: _____

Name: _____ Contacts: _____

USE OF THE MOTOR VEHICLE

For what purpose was the vehicle being used at the time of the accident? _____

Give a description of goods being carried (if applicable): _____

Name of owner of goods carried: _____

DECLARATION

I/We hereby declare that the whole of the statements made by me/us in this claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date: DD / MM / YYYY :

Insured's Signature _____

Rubber Stamp / Seal

FOR OFFICIAL USE ONLY

The following supporting documents are required:

- Original Police Abstract
- Copy of Driver's Licence
- Evidence of Excess Payable (where applicable)

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