



# INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

## HEAD OFFICE

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## BRANCH OFFICE

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## MOTOR ACCIDENT CLAIM FORM .

### IMPORTANT NOTICE

1. No liability under the policy is admitted by issue of this form.
2. Neither owner nor driver must admit fault or liability for this accident
3. Do not answer communications about this accident, but send them to us for consideration.
4. All questions on this form must be answered.
5. Repairs must not be authorized without prior authority of the insurers.

Agency name: \_\_\_\_\_ Claim No. \_\_\_\_\_

### CLIENT DETAILS

A. Full name of insured \_\_\_\_\_

B. Pin number (please attach copy): \_\_\_\_\_

C. Certificate of Registration/incorporation/ID/Passport  
(please attach copy): \_\_\_\_\_

### D. Contact Details:

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Postal: \_\_\_\_\_ Code: \_\_\_\_\_ Town/City: \_\_\_\_\_

Web: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

E. Profession or occupation: \_\_\_\_\_

### 2. VEHICLE

Make and model: \_\_\_\_\_ Reg No. \_\_\_\_\_

HP/CC: \_\_\_\_\_ Tonnage \_\_\_\_\_ Year of Manufacture \_\_\_\_\_ Sitting capacity \_\_\_\_\_

Policy No/ Renewal No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### 3. VEHICLE USE

State the exact purpose for which the vehicle was being used at the time of the accident.

\_\_\_\_\_

### 4. Commercial Vehicle

Description of goods being carried \_\_\_\_\_

Name of owner of goods \_\_\_\_\_

Was a trailer attached? \_\_\_\_\_ Yes/No.

Weight of the load on: A.) Vehicle \_\_\_\_\_

B.) Trailer(s) \_\_\_\_\_

### 5. The Driver

Name: \_\_\_\_\_

Contact details \_\_\_\_\_

Date of birth \_\_\_\_\_

Driving license no \_\_\_\_\_ Expiry \_\_\_\_\_ Class \_\_\_\_\_

Is he employed by you? \_\_\_\_\_ Yes/No

How long has he been in your service? \_\_\_\_\_

Was he driving with your permission? \_\_\_\_\_ Yes/No.

How long has he been driving the motor vehicle? \_\_\_\_\_

Was he in any way to blame for the accident? \_\_\_\_\_ Yes/No.

Did he admit liability \_\_\_\_\_ Yes/No.

Has he had any previous accidents? \_\_\_\_\_ Yes/No.

If so, how many and approximate dates? \_\_\_\_\_

Has he any conviction for any offence in connection with any motor vehicle or any charges pending? If so, give details including dates \_\_\_\_\_

Does he hold a full or provisional license to drive this vehicle? If full, state date when driving test first passed and the license No. \_\_\_\_\_

Does he own a Motor vehicle? \_\_\_\_\_ Yes/No.

If so, give name, address of insurer and the policy No. \_\_\_\_\_

## 6. THE ACCIDENT

i. Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm \_\_\_\_\_

ii. Place \_\_\_\_\_

iii. Type of road surface \_\_\_\_\_

iv. Visibility \_\_\_\_\_ Wet or Dry? \_\_\_\_\_

v. What lights were showing on your vehicle? \_\_\_\_\_

vi. What warning did your driver give? \_\_\_\_\_

vii. Estimated speed before the accident \_\_\_\_\_

viii. Weather conditions \_\_\_\_\_

ix. Did the police take any particulars \_\_\_\_\_ Yes/No

If so, give police officers name, force number and rank. \_\_\_\_\_

To which police Station was the accident reported?(attach copy of notice of intended prosecution if any). \_\_\_\_\_

## 7. SKETCH PLAN OF ACCIDENT SCENE.

Draw a 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 mark, pedestrian crossings and any other relevant information.





Is the vehicle still in use? \_\_\_\_\_ Yes/No

When and where can it be inspected:

Name of garage: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

**12. OTHER VEHICLES AND/OR PROPERTY DAMAGE**

Name and address of owner	Reg. No. of vehicle	Name of insurer	Other property damaged

**13. PERSONS INJURED**

Name and address	Relationship with insured	Apparent injuries

**14. INDEPENDENT WITNESSES**

Name	Tel No. and address.

**15. PASSENGERS IN INSURED VEHICLE**

Name	Tel No. and address

**DECLARATION.**

I/We declare that the information and answers given above are true in every detail and no information has been withheld or misrepresented. I/We undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_