



KENYAN ALLIANCE

The Kenyan Alliance Insurance Company Limited

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CLAIM FORM-MOTOR ACCIDENT

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

INSURED	Name _____	Tel No. _____		
	Address _____	Landline _____		
	Business / Occupation _____	Mobile _____ Email _____		
POLICY	Number _____	Expiry date _____		
	Name of hire purchase or finance company _____			
VEHICLE	Make & Model _____	HP/CC _____	Year of Manufacture _____	
	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 trailer attached? _____		
	Weight of load on (a) vehicle _____	(b) Trailer(s) _____		
DRIVER	Name _____	Occupation _____	Date of birth _____	
	Address _____			
	Is he employed by you? _____	Tel No: _____		
	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 be blamed for the accident? _____	Did he admit liability? _____		
	Has he had any previous accidents? _____ If so, how many and approximate dates _____			
	Has he had any conviction for any offence with any other motor vehicle or any charges pending? _____			
	If so, give 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? _____			
	Estimated speed before the 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 positions of vehicles and persons concerned and the direction in which they were traveling. Also show type and positions of traffic signs, skid marks, pedestrian crossings and any other relevant information
STATEMENT BY DRIVER	Signature of Driver _____

STATEMENT BY OWNER OR POLICY HOLDER	Signature _____
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DAMAGE TO INSURED VEHICLE	State briefly apparent damage _____
	(In all cases where your vehicles are damaged and you are entitled to claim under your policy, please send to the Company an estimate for repairs).
	Is the vehicle still in use? _____ Where and when 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 Insured	If injured in TP Vehicle give Registration No.	Apparent Injuries

INDEPENDENT WITNESSES	Name	Address

PASSENGERS IN YOUR VEHICLE	Name	Address

I DECLARE that those particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident. I understand that any incorrect information may lead to prosecution and or repudiation of the claim.

Date: _____ Signature of Insured _____