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APPLICATION No:

Motor Accident Claim Form



DIRECTIONS

1. All questions must be answered in full, in BLOCK letters, in your own handwriting or to your dictation. The issuing of this form is not to be taken as an admission of liability by the insurers.
2. Neither owner nor driver may admit fault or liability for this accident.
3. Do not answer communications about this accident. Direct this to the Insurance Company for action. Repairs must not be authorised without prior authority of the Insurance Company.

Claim No.

Broker's/Agent REF. No.

SECTION 1: INSURED

Name of insured in full

Postal address

Postal code

Telephone-Office

House

Mobile

Email

Occupation/nature of business

SECTION 2: POLICY

Policy No.

When does the policy expire? (day/month/year)

Is there any hire purchase interest?

YES

NO

If yes give details

SECTION 3: PARTICULARS OF THE VEHICLE

Make/Model

When was the vehicle manufactured?

Year

H.P/C.C

Vehicle registration No.

Carrying capacity

Name and address of owner

SECTION 4: USE

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

SECTION 5: COMMERCIAL VEHICLE(S) (if applicable)

Description of goods being carried

Name of owner of goods

Was the trailer attached?

YES

NO

Weight of load - Vehicle

Trailer

SECTION 6: DRIVER

Name and address of driver						
What is the drivers date of birth		Day/month/year				
Occupation						
Telephone - office		Mobile				
Is the driver employed by you?			YES <input type="checkbox"/>		NO <input type="checkbox"/>	
How long has the driver been in service for you?						
How long has the driver been driving motor vehicles?						
Was the driver in any way to blame for the accident?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Did the driver admit liability?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Has the driver had previous accidents?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		
If 'yes' how many and approximate dates:						
Has the driver any conviction for any offence with any motor vehicle or any charges pending?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes' give details including dates:						
Was the driver driving with your permission?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does the driver hold a full or provisional license to drive this vehicle?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If full, state date when driving test was first passed:						
Does the driver own a motor vehicle?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If 'Yes' give name and address of insurer						
Driver's policy No.						

SECTION 7: ACCIDENT

When did the accident occur? (day/month/year)		Time of accident (a.m./p.m.)			
Place of accident					
What lights were showing on your vehicle?					
What warning did your driver give?					
Estimated speed before accident occurred					
Did police take particulars?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If 'Yes' Constable's/Officer's Police no. and station					
To which Police Station was the accident reported?					
<i>Attach copy of Notice of Intended Prosecution if any</i>					

SECTION 8: PLAN OF ACCIDENT

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, speed marks, pedestrian crossing and any other relevant information.

SECTION 9: STATEMENT BY DRIVER (Please give a comprehensive statement)

Signature of the driver

SECTION 10: STATEMENT BY OWNER OR INSURED

SECTION 11: 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 Pioneer General an estimate for repairs.)

Name and address of repairer

Telephone/Mobile No.

Is the vehicle still in use?

When and where can it be inspected?

SECTION 12: OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

Name & address of Owner	Registration No.	Policy No.	Certificate No.	Extent of damage
Name and address of driver				

SECTION 13: PERSONS INJURED

Name and address	Relationship to insured	If driver or passenger registration no. of vehicle	Apparent injuries

SECTION 14: INDEPENDENT WITNESS

Name	Address

SECTION 15: PASSENGERS IN YOUR VEHICLE

Name	Address

Include any other document that may be requested in the course of claims processing.

DATA COLLECTION STATEMENT

Pursuant to the data protection act 2019 ("DPA"), Pioneer General Insurance Ltd (hereafter PGIL, in its capacity as a data controller under DPA is required to obtain your explicit and informed consent before it can collect or process any personal data to administer applied insurance products and services as required. PGIL will treat all your personal information as private and confidential.

Nothing about you will be disclosed to anyone except to the following classes of people or in the following exceptional circumstances:

1. To Pioneer General Insurance Ltd, its subsidiaries, insurers and service providers and other member of the permitted parties.
2. Where PGIL is legally compelled to do so under any Kenyan laws, foreign laws as may be applicable, Regulatory Bodies and;
3. For purpose of concluding contractual obligations, and Promotion of products and services marketed by PGIL or its partners using the contact particulars which PGIL may have in its records from time to time.

Tick the checkbox if you Agree

DECLARATION

I declare that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date:	Signature:
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