

- HEAD OFFICE First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya
 Tel: 254-020-567374/577737 Cell: 0722-444117/0733-605480 Fax: 570534/572204 Email: hoinfo@firstassurance.co.ke, www.firstassurance.co.ke
- Mombasa Branch First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya Tel: 254-041-476494/476495, Fax: 254-041-476495 Email: msainfo@firstassurance.co.ke

MOTOR ACCIDENT CLAIM FORM

IMPORTANT NOTICE

- 1. Issue of this form admits no liability under the policy.
- 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 the Insurers for consideration.
- 4. All questions on this form must be answered.
- 5. Repairs must not be authorized without prior authority of the insurers.

POLICY	Name
HOLDER	Tel No
	Address Postal Code
	City/Town Country
	Business/Occupation
POLICY	Number Expiry Date
	Name of hire purchase of finance company
Vehicle	Make & Model HP/CC
	Year of ManufactureReg. Marks of Vehicle
	Carrying CapacityReg. No. Of Trailer
	Name of the Owner
	Address Postal Code
	City/Town Country
Use	State the exact purpose for which the vehicle was being used at the time of the accident
Commercial	Description of goods being carried
Vehicles	Name of owner of goods
	Was a trailer attached
	Weight of load on (a) Vehicle(b) Trailer(s)
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Driver	Name Occupation
Dilvei	Actual Date of birth
	Address Postal Code
	Tel No Is he employed by you?
	How long has been in your service?Was he driving with your permission?
	How long has been driving Motor Vehicles?
	Was he in any way to blame for the accident? Did he admit liability?
	Has he had any previous accidents?
	If so how many, and approximate dates
	Has he have 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 licence to drive this vehicle?
	If full state date when driving test first passedNumber
	Does he own a Motor Vehicle?

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	If so, give name and address of Insurer
	D.2. J. D.P. M.
A * - 1 1	Driver's Policy No
Accident	Date Time
	Place Visibility Wet or Dry?
	What lights were showing on your vehicle?
	What warning did the driver give?
	What warning did the driver give? Weather Conditions
	Did police take particulars? If so, give Constable's number and station
	The police take particulars: it so, give constable should find station
	To which Police Station was the accident reported?
	(Attach copy Notice of Intended Prosecution if any)
Plan of	Draw a sketch (stating approximate measurements) showing position of vehicles and persons
Accident	concerned and the direction in which they were travelling. Also show type and position of
, teereren	traffic signs, skid marks, pedestrian crossings and any other relevant information.
	The stage of the state of the stage of the s
Statement by	
driver	
	Name & Signature of Driver Date

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Statement by owner or policyholder	
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 the Insurers an estimate for repairs) Repair's name and address
	Tel No.
	Is the vehicle still in use?
Other	Name and address of owner
Vehicles involved and	Reg./ No Name of Insurer
property damaged	Other property damaged
	Name and address of driver
Persons	Name and address
Injured	Relationship to the policyholder
	If Driver or passenger Reg. No of vehicle
	Apparent Injuries
Independent	Name
Witnesses	Address

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Passengers in	Name
your vehicle	Address
	I Declare that these particulars are true and correct and undertake to forward immediately
	(and unanswered) any correspondence relating to this accident.
	Date Signature of Policyholder
	Signatore of Folicyholder

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