



FIRST ASSURANCE COMPANY LTD

- **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 HOLDER	Name _____ 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 Manufacture _____ Reg. Marks of Vehicle _____ Carrying Capacity _____ Reg. 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 Vehicles	Description of goods being carried _____ Name of owner of goods _____ Was a trailer attached _____ _____ Weight of load on (a) Vehicle _____ (b) Trailer(s) _____
Driver	Name _____ Occupation _____ Actual Date of birth _____ Address _____ Postal Code _____ City/Town _____ Country _____ 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 passed _____ Number _____ Does he own a Motor Vehicle? _____



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Statement by owner or policyholder	
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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? _____ When and where can it be inspected _____
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Other Vehicles involved and property damaged	Name and address of owner Reg./ No Name of Insurer Other property damaged Name and address of driver _____ _____
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Persons Injured	Name and address Relationship to the policyholder If Driver or passenger Reg. No of vehicle Apparent Injuries
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Independent Witnesses	Name Address
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Passengers in your vehicle	Name 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 _____