



Head Office
LR 3734/29 Chalbi Drive, Isaac Gathanju Road, Lavington
P.O BOX 52964 00200 Nairobi, Kenya
Tel: 0701 230 043
Email: invesco@invescoassurance.co.ke

MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

- 1. No Liability under the policy is admitted by issue of this form Insures Claim No.
- 2. Neither the owner nor the 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.

Brokers Ref No.

POLICY HOLDER

1. Name

_____ Tel No: _____

2. Address

3. Business /

_____ Occupation

POLICY

4. Number

_____ Expiry Date _____

5. Name of hire purchase of finance company

VEHICLE

6. Make & Model MP / ee HP / Year
_____ of Manufacture

7. Reg. No. of Vehicle _____ Carrying
_____ Capacity

8. Reg. No. of _____ Trailer Carrying Capacity

9. Name and _____ Address of Owner Chassis
No. _____

USE

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

Form

COMMERCIAL VEHICLE

11. Description of goods being carried _____

12. Name of Owner of goods _____
~~was a trailer attached~~

13. Weight of load on (a) Vehicle _____ (b) Trailer's

DRIVER

14. Name _____ Occupation _____ Actual Date of Birth _____

15. Address _____

Tel No.

16. Is he / she employed by you?

17. How long has he / she been in your service?

18. Was he / she driving with your permission?

19. How long has he / she been driving the motor vehicle? _____

20. Was he / she in any way to blame for the accident ?

21. Did he / she admit liability?

22. Has he / she had any previous accidents?

23. If so, how many, and approximate data ?

24. Has he / she had any conviction for any offence in connection with any motor vehicle or any charges pending ?

25. If so, give details including dates

26. Does he / she hold a full or provisional licence to drive the vehicle ?

27. If full, state date when driving test first passed

_____ Number _____

_____ If so, give names and address of insurer

28. Does he / she own a motor vehicle?

Driver's Policy No.

ACCIDENT

29. Date _____ ~~time~~ _____ ~~a.m / p.m~~ ~~place~~ _____

30. Type of road surface _____ Visibility _____ wet or dry _____

31. What lights were showing on your vehicle ? _____

32. What warning did your driver give ?

33. Estimated speed before accident _____ ~~Weather conditions~~ _____

34. Did police take particulars ? _____ If so, give officer's number and Form

35. To which Police Station was the accident reported ?

36. Attach copy Notice of Intended Prosecution if any _____

PLAN OF ACCIDENT

37. Draw sketch (stating appropriate measurements) showing position of vehicles and persons concerned and the direction in which they are traveling. Also show type and position of the traffic signs, skid marks, pedestrian crossings and any other relevant information.

STATEMENT BY THE DRIVER

38.

Signature

STATEMENT BY THE OWNER OR POLICY HOLDER

39.

Motor Accident Report Form

DAMAGE TO INSURED VEHICLE

40. State briefly apparent damage

(In all cases where your vehicles are damaged and you are entitled to claim under your policy, please send at once to the insurers an estimate for

_____ repairs.)

42.

41. Name and Address of the garage of my choice

_____ tel NO: _____

Is the Vehicle still in use ?

_____ When and where can it be inspected _____

Name and address of owner	Reg. No.	Name of Insurer	Other Property Damaged

OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

43.

44. Name and Address of the Driver _____

Name and Address	Relationship to the policy holder	If driver or passenger Reg, No. of the Vehicle	Apparent Injuries

PERSONS INJURED

45.

INDEPENDENT WITNESSES

46. NameAddress

_____ ADDRESS _____
Name _____ Address

PASSENGERS IN YOUR VEHICLE

47. Name

Address Name

Address

NameAddress

_____ ADDRESS _____

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

Date _____ Signature of policy holder
