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MOTOR ACCIDENT CLAIM FORM

Important Notice

1. No liability is admitted by issuance of this form
2. Neither the owner nor the 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.
3. All questions on this form must be answered.
4. Repairs must not be authorized without prior authority of the Insurance Company.

INSURED

Name: _____

PIN no: _____

Telephone No. _____

Postal Address: _____

Email address: _____

Business/Occupation: _____

Policy number _____

Name of hire purchase or finance company _____

VEHICLE DETAILS

Make & Model _____ HP/CC _____

Reg. No. of vehicle _____ Carrying capacity _____

Reg. No. of trailer _____

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 a trailer attached? _____
Weight of load on (a) Vehicle _____ (b) trailer(s) _____

DRIVER'S DETAILS

Name _____ Occupation _____ Date of birth _____
Address _____ Tel. No. _____
Are they employed by you? _____ How long have they been in your service? _____
Were they driving with your permission? _____
How long have they been driving motor vehicles? _____
Were they in any way to blame for the accident? _____ Did they admit liability? _____
Have they had any previous accidents? _____ If so, how many, and approximate date? _____

Have they had any conviction for any offence in connection with any motor vehicle or any charges pending? ____
If yes, give details including dates _____

Do they hold a full or provisional license? _____
If full, state date when driving test was passed _____
State driving licence number _____
Do they own a Motor Vehicle? _____ If so, give name and address of Insurer _____

ACCIDENT DETAILS

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 you give? _____
Estimate speed before 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 THE ACCIDENT

Draw a sketch (stating approximate measurements) showing position of vehicles and persons involved 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.

STATEMENT BY DRIVER

Signature _____

STATEMENT BY OWNER OR INSURED

Signature _____

DAMAGE TO INSURED VEHICLE

State briefly the apparent damage

Is the vehicle still in use? _____ When and where can it be inspected _____

OTHER VEHICLES INVOLVED

Name and address of the owner	Registration number	Name of insurer	Other property damaged

PERSONS INJURED

Name and address of the injured	Relationship to the insured	Registration number of vehicle	Apparent injuries

INDEPENDENT WITNESS

Name

Telephone number

PASSENGERS IN YOUR VEHICLE

Name

Telephone number

DECLARATION

I/WE declare that the statements made in this claim form are true and correct. I/We also declare that in case I/WE have made any untrue statement(s) or concealed any material fact, then the benefits under this policy will automatically be forfeited.

Date _____ **Signature** _____ **Stamp (if corporate)** _____