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MOTOR ACCIDENT CLAIM FORM

IMPORTANT NOTICE

1. No Liability is admitted by Issue of this form _____ Insurers Claim No: _____
2. Neither owner nor driver may admit fault or Liability Broker Ref. No. _____ for this Accident.
3. Do not answer communications about this Accident. Direct these to the Insurance Company for Action
4. Please let us have an estimate of repair cost
5. Repairs must not be authorized without prior authority of the Insurance Company
6. All questions on this form must be answered

REMEMBER: Incomplete answers will lead to delayed processing of your claim.

Insured's Details

Insured _____ Policy Number _____

Date of payment of last premium _____

Address _____ Telephone _____

Email _____ Fax _____

Business or Occupation _____

V.A.T. registration No. _____

POLICY

Number _____

Period of Insurance; From: _____ To: _____

Type of cover _____ Comprehensive TPF&T TPO

Name of hire purchase or finance company (if any) _____

VEHICLE

Make & Model _____ Year of manufacture _____

Reg.No. of vehicle _____ Carrying capacity _____

Reg. No. of trailer _____ Capacity _____

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) _____

DRIVERS' DETAILS (even if the insured)

Name _____

Occupation _____ Date of birth _____

Address _____ Tel No. _____

Is he/she employed by you? Yes No

How long has he/she been in your service? _____

Was he/she driving with your permission? Yes No

How long has he/she been driving motor vehicles? _____

Was he/she in any way to blame for the accident? Yes No

Did he/she admit liability? Yes No

Has he/she had any previous accidents? Yes No

If so, how many, an approximate date? _____

Has he any conviction for any offence in connection with any motor vehicle or any charges pending?

Yes No

If so, give details including dates _____

Does he/she hold a full or provisional licence to drive this vehicle? Full Provisional

If full, state date when driving test first passed _____

Number _____

Does he/she own a Motor Vehicle? Yes No

If so, give name and address of Insurer _____

Driver's Policy No. _____

ACCIDENT

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 your driver give? _____

Estimated speed before accident _____

Weather condition _____

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 ACCIDENT

Draw 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, skid marks, pedestrian crossings and any other relevant information.

STATEMENT BY DRIVER

Signature of Driver _____

STATEMENT BY OWNER OR INSURED

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 COMPANY AN ESTIMATE FOR REPAIRS).

Repairers name and address _____

Tel No. _____

Is the vehicle still in use? Yes No

When and where can it be inspected? _____

OTHER VEHICLES INVOLVED

Name and address of owner	Reg. No.	Name of Insurer

DAMAGED PROPERTY

Name and address of owner	Property damaged

PERSONS INJURED

Name and address	Relationship to the insured	If driver or passenger, Reg. No. of vehicle	Apparent injuries

INDEPENDENT WITNESSES

Name _____ Address _____

PASSENGERS IN YOUR VEHICLE

Name _____ Address _____

Declaration

I/We declare that the foregoing answers are true and complete to the best of my/our knowledge

Signature _____ Name _____

Title _____ Date _____

We would also like to have your bank details in the format below to facilitate bank transfer payment upon approval of your claim

Bank name: _____

Account name: _____

Account no.: _____

Branch: _____

Bank Swift Code: _____

Bank Sort Code: _____

UAP Insurance Company Limited

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