



MOTOR ACCIDENT AND THEFT CLAIM FORM

INTRAFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

✉ P.O. Box 49884-00100, Nairobi, Kenya

☎ +254 721 635 333, 722 111 152, 722 111 158

@ info@intraafrica.co.ke

🌐 www.intraafrica.co.ke

☎ +254 722 111 190, 722 111 196 , 722 205 050

IMPORTANT NOTICE

1. No liability under the policy is admitted by issue of this form
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 us for consideration
4. All questions on this form must be answered
5. Repairs must not be authorized without prior authority of the insurer

AGENCY NAME: _____ **Claim No** _____

1. INSURED'S DETAILS

Full name of insured _____ Pin number (please attach copy) _____

Certificate of Registration/incorporation/ID/Passport (please attach copy) _____

Contact Details: _____ Mobile: _____

Email _____ Postal _____ Code: _____

Town/City: _____ Web: _____ Tel _____

Fax: _____ Profession or occupation _____

2. VEHICLE

Make and model: _____ Reg No _____

HP/CC _____ Tonnage _____ Year of Manufacture _____

Sitting capacity _____ Policy No/ Renewal No _____ Expiry Date _____

3.VEHICLE USE

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

4.COMMERCIAL VEHICLE

Description of goods being carried. _____

Name of owner of goods.. _____ Was a trailer attached? _____ Yes/No

Weight of the load on _____ Vehicle. _____ Trailer(s) _____

5. THE DRIVER

Name _____ Contact details _____

Date of birth _____ Driving license No _____ Expiry _____ Class _____

Is he employed by you? Yes/No _____ How long has he been in your service? _____

Was he driving with your permission? _____

How long has he been driving the motor vehicle? _____

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 any 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 license to drive this vehicle? _____

If full, state date when driving test first passed and the license No. _____

Does he own a Motor vehicle? _____ If so, give name, address of insurer and the policy No. _____

6. THE ACCIDENT

Date _____ Time _____ am/pm. _____

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 the accident _____ Weather conditions _____

Did the police take any particulars _____ If so, give police officers name, force number and rank. _____

To which police Station was the accident reported?(attach copy of notice of intended prosecution if any). _____

7. SKETCH PLAN OF ACCIDENT SCENE.

Draw a 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 mark, pedestrian crossings and any other relevant information.



8. STATEMENT BY DRIVER

Signature _____ Date _____

9. STATEMENT BY OWNER OR POLICY HOLDER

Signature _____ Date _____

10. IN CASE OF THEFT PLEASE GIVE THE FOLLOWING DETAILS

Date _____ Time _____ Place _____

When did you last use the car? _____

What has been stolen? _____

State estimated cost of replacement _____

If theft occurred while the vehicle was parked was it unattended? _____

If so, how long? _____

If car was in garage, was forcible entry made? _____

When was the theft reported to you? _____

Who discovered the loss and when? _____

Have police been notified? _____

If so, when and with what result? _____

State name of police station _____

Was the driver your employee? _____

If so, how long has he been in your service? _____

Do you suspect any person? _____ If yes give details. _____

11. 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) Enclose photographs of damages taken at the site of accident

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

Name of garage: _____

Contact Person _____ Tel. No: _____

Address: _____

12. OTHER VEHICLES AND/OR PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER	REG. NO. OF VEHICLE	NAME OF INSURER	OTHER PROPERTY DAMAGED

13. PERSONS INJURED

NAME AND ADDRESS	RELATIONSHIP WITH INSURED	APPARENT INJURIES

14. INDEPENDENT WITNESSES

NAME	TEL NO. AND ADDRESS.

15. PASSENGERS IN INSURED VEHICLE

NAME	TEL NO. AND ADDRESS.

DECLARATION.

I/We declare that the information and answers given above are true in every detail and no information has been withheld or misrepresented. I/We undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Signature: _____ Date: _____