

MOTOR ACCIDENT REPORT FORM

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 the Insurers for consideration.
4. All questions must be answered in full, in BLOCK letters, in your own handwriting or to your dictation.
5. Repairs must not be authorised without prior authority of the Insurers.

(1) POLICY NO.

EXPIRY DATE

Name of Insured

Contact Details:

(tel): (mobile): (email):
 (postal): (code): (city):

(2) VEHICLE:

Make & Model

HP/CC

Year of Manufacture

Reg.No. (Vehicle)

Carrying capacity

Reg. No. (trailer)

Carrying capacity

Name and Address of Owner :

Name

Address

(3) VEHICLE USE

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

(4) COMMERCIAL VEHICLE (if applicable)

Description of goods being carried

Name of Owner of goods

Was a trailer attached?

☐ Yes ☐ No

Weight of load on (a) Vehicle

(b) Trailer(s)

(5) THE DRIVER

Name of Driver

Date of Birth

Contact Details

Occupation

Please provide the following additional details if the Driver is different from the Insured.

PIN

ID (if Kenyan) / Passport (if Non-Kenyan)

Is the driver employed
by you?

☐ Yes ☐ No

How long has the driver been in
your service?

Was the driver driving
with your permission?

☐ Yes ☐ No

How long has the driver been
driving motor vehicles?

Was the driver in any
way to blame for the
accident?

☐ Yes ☐ No

Did the driver admit
liability?

☐ Yes ☐ No

Has the driver had any
previous accidents?

☐ Yes ☐ No

If so, how many and
approximate dates?

Has the driver had any conviction for any offence in connection with any
motor vehicle or any charges pending?

☐ Yes ☐ No

If so, give details
including dates:

Does the driver hold a full or provisional
licence to drive this vehicle?

☐ Yes ☐ No

If full, state date when driving test first
passed and the License No

Does the driver own a
Motor Vehicle?

☐ Yes ☐ No

If so, give name, address of Insurer
and the Policy No.

(6) THE 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 (Km/Hr)

Weather conditions

Did Police take particulars?

☐ Yes ☐ No

If 'Yes' Constable's/Officer's
Police no. and station

To which Police Station was the
accident reported?

Attach copy Notice of Intended
Prosecution if any

**(7) PLAN OF
ACCIDENT**

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

**(8) STATEMENT BY
DRIVER**

Signature of Driver : _____

**(9) STATEMENT BY OWNER OR
POLICY HOLDER**

**(10) 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 Heritage Insurance Company Kenya Limited an estimate for repairs)- A list of garages on The Heritage Insurance Company Kenya Limited panel is available on request)

Name and address of
repairer :

Telephone No. :

Is the vehicle still in use?

☐ Yes ☐ No

When and where can it be inspected?

**(11) OTHER VEHICLES AND
PROPERTY DAMAGE**

Name and address of Owner	Reg. No.	Name of Insurer	Other property damaged
hey	hey	hey	hey
hey	hey	hey	hey
hey	hey	hey	hey

**(12) PERSONS
INJURED**

Name and address	Relationship to the Policyholder.	If Driver or Passenger Reg.No. of Vehicle	Apparent injuries
hey	hey	hey	hey
hey	hey	hey	hey
hey	hey	hey	hey

**(13) INDEPENDENT
WITNESS**

Name	Tel.No. and Address
hey	hey
hey	hey
hey	hey

**(14) PASSENGERS IN YOUR
VEHICLES**

Name	Tel.No. and Address
hey	hey
hey	hey
hey	hey

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

Date : _____

**Signature (Rubber stamp
if corporate):** _____