

MAYFAIR INSURANCE COMPANY LIMITED

8TH FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

P.O. BOX 45161 - 00100, NAIROBI, KENYA

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Motor Vehicle Claim Form

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

POLICY No. 02/comp/01/0800/4789/2017

CLAIM No. _____ RENEWAL DATE 01.01.2019

Please

In no case admit your fault nor make any offer of payment without the written authority of the Company. Answer ALL questions FULLY to avoid unnecessary correspondence delay in the settlement of the claim.

(a) NAME OF THE INSURED (IN FULL) FREIGHTWELL EXPRESS LTD AND SHIPPING AND LOGISTICS (EA) LTD.

(b) Address P.O. Box 1922-80100 Tel.NO. +25441222978

Plot No. _____

Street/Road MOI AVENUE

District NOMBASA

(c) Profession or Occupation CLEARING AND FORWARDING

(1) The Insured Vehicle

a) Make (a) FORD RANGER PICK UP

b) Horse Power (b) 2500CC

c) Registration No. (c) KCH 136U

d) Price paid by the Insured (d) KSHS 87,281

e) Year of Manufacture (e) 2010

- f) Date of Purchase (f) _____
- g) State whether new or second hand (g) SECOND HAND
- h) State purpose for which it was being used at the time of the accident (h) COMMERCIAL / OFFICE ERRANDS
- i) Was it in proper order and condition at that time? (i) YES
- j) Mileage at the time of accident/theft/fire (j) _____
- k) Was the vehicle being used with your knowledge and consent? (k) YES
- l) If the claim is in respect of motor cycle, state whether (l) N/A
- a Pillion Passenger was being carried at the time of accident? N/A
- J) If the claim is in respect of a lorry state:
1. Whether a trailer was hauled 1 N/A
 2. The nature of goods carried at the time of accident. 2 N/A
 3. The weight of the load carried at the time of accident 3 N/A
 4. Name of the owner of goods 4 N/A
- (n) Is the vehicle your own property? (n) YES
- If not who else is interested in this vehicle and how? N/A

(2) The person driving at the time of accident:

(Important: Kindly attach driver's license)

- (a) Full Name of Person (a) GEORGE MULI
- (b) Address (b) 5265-00506 NAIROBI
- (c) His age and occupation (c) ABOVE 25; OPERATIONS OFFICER - FORWARDING.

Relation to Insured : EMPLOYEE

(d) Particulars of Driving License:

- | | |
|----------------------------|----------|
| 1. License No. | 1. _____ |
| 2. Date and place of issue | 2. _____ |
| 3. Date of Expiry | 3. _____ |
| 4. Renewal No. | 4. _____ |
| 5. Valid up to | 5. _____ |
| 6. Type of License | 6. _____ |

(e) Is he your permanent paid driver? (e) N/A

If so since when?

(f) Has driver's license ever been endorsed (f) NO

Or suspended?

If so, give full details with dates

(g) State whether:

- | | |
|--|--------------|
| 1. The driver has ever been prosecuted for driving offences. If so give details | 1. <u>NO</u> |
| 2. The driver has been involved in any Accidents previously. If so give details | 2. <u>NO</u> |
| 3. The driver has ever been refused motor vehicle insurance or continuance thereof | 3. <u>NO</u> |

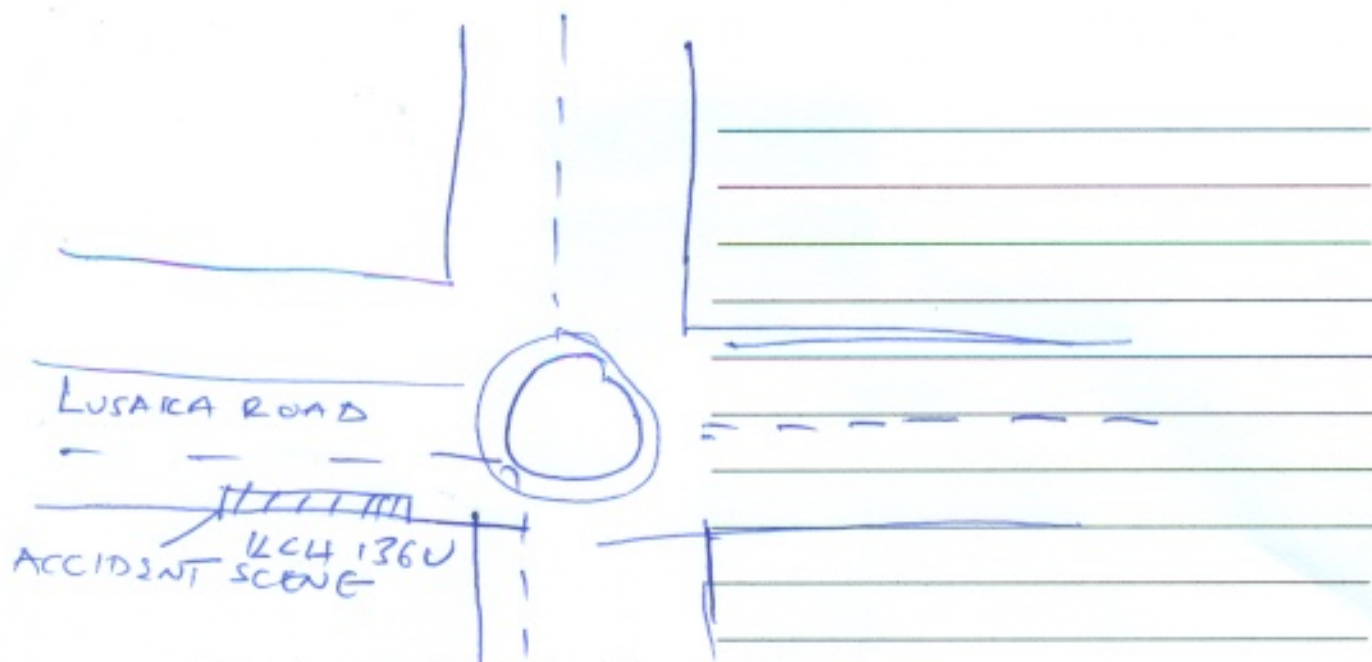
(h) How long has he been driving motor vehicles (h) _____

(i) Has the driver had any other insurance of his Own (i) N/A

(j) Was he sober (j) YES

(3) The Accident (Damage, Fire, Theft)

- (a) Date of Occurrence (a) 03.05.2018
- (b) Time (b) 9.30 PM AROUND
- (c) Place (Street or Road and Town) (c) ALONG LUSAKA ROAD NAIROBI
- (d) Were you in the vehicle? (d) NO
- (e) If not when was it reported to you? (e) ON 03.05.2018
- (f) On what side of the Street or Road was your vehicle and how long far from the kerb? (f) _____
- (g) What was the width of street or road? (g) _____
- (h) And at what speed was the vehicle been driven before the accident (h) AROUND 20KM/H
- (i) And at what speed was it being driven at time of accident (i) AROUND 20KM/H
- (j) In case of theft please state:
- i. Was the vehicle properly locked? N/A
- ii. Is it fitted with any anti-theft devices N/A
such as burglar alarms, steering lock, etc. _____
- If so, give details of such devices _____
- (k) Please give full details of the nature and Cause of the accident/theft/fire: (k) KIHILE MAKING A LEFT TURN TO DAR ES SALAAM ROAD DURING A HEAVY DOWN POUR, THE FRONT TYRE OF THE VEHICLE WAS SUBMERGED IN AN OPEN HOLE. THE BUMPER WAS DAMAGE AFTER THE VEHICLE LANDED IN THE DITCH. FURTHER WATER SIPPED INTO THE ENGINE CAUSING THE ENGINE START FAILURE.



(1) Please draw a rough sketch plan of the scene of the accident.

(4) Damage:

(a) Give in details the extent of all damage to the insured vehicle directly due to the accident

(a) Front Bumper damage.

Water sipped into the engine causing the vehicle not to start, damaging the injector nozzle, air cleaner and contaminating the engine.

(b) Estimated cost of repairs

(b) Shs. KSHs 62,800/-

(c) Where can the vehicle be inspected? (c) DNA AUTO CLINIK

(d) Have you given instructions for repairs (d) NO JUST DIAGNOSIS BY
to be carried out? If so, to whom DNA AUTO CLINIK

(Name and address)

(e) Have you instructed them to send an (e) YES
estimate to the Company immediately?

N.B If possible an estimate of repairs should be attached to this form and in any event it must be sent to the Company without undue delay.

(5) The Result

(a) Has the accident caused any injury to any person (a) NO
or persons?

If so give the following particulars: -

Name	Address	Occupation	Nature of Injuries	Whether being conveyed in the vehicle or not
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

(b) If any injured person has been removed to
a Hospital or medically attended, give name
and address of hospital or Doctor

(b) N/A

(c) Did the accident cause damage to
property or livestock?

c) N/A

If so give name and address of the owner
stating nature and extent of damage

(6) General:

(a) Has any claim been made upon you by any third party? (a) NO

If so, give details and attach the information: _____

Note: Any notice, write or summons received from Third Party must be immediately Communicated to the company at the foregoing address.

(b) If accident involves Third Party, give name and address of: (b) NONE

i. Name of Insurance Company ~~QIA~~ N/A

ii. Registration No. of Motor Vehicle N/A

iii. Certificate no. N/A

iv. Policy No. N/A

v. Name of Driver N/A

(c) How many person's were in the vehicle at (c) ~~N/A~~ ONE
the time of accident?

(d) Give the following particulars about all
witnesses of the accident: -

Name	Address	Whether being conveyed in the vehicle or not
GEORGE MWLI	S 265-00506 NER	CONVEYED
SAT MADAYI	_____	NOT CONVEYED
OTHERS TO BE ADDED		

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(e) Was the matter reported to the police?

(e) YES

If so, give name of the Police Station
and date. Tel. No. (if available)

INDUSTRIAL AREA
03/5/18

(f) What action, if any has been or is being
taken by the Police or any other authority

(f) N/A

(g) Give particulars of other insurance on
the vehicle, if any

(g) N/A

(h) Have you paid the premium under this policy? (h)

YES

(i) Whether you have ever before lodged

i) NONE

a claim under this policy and/or any
motor vehicle policy?

If so, give particulars:

I/We the above named, do hereby, to the best of my/ our knowledge and belief, warrant the truth of the foregoing statements in every respect and I/we agree that if I /we have made, or in any further declaration the Company require of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the Policy shall be void and all rights recover thereunder in respect of past or future accident shall be forfeited.

Date 8/05/2018

Witness

Full Name

ISAAC B. WATKINS

Address of Witness

P.O. Box 1922

80100 MOMBASA

EXPRESS SHIPPING & LOGISTICS (E.A.) LTD.
P.O. Box 1922 - 80100 MOMBASA, KENYA
(Signature of the insured)

Where necessary, the insured's official

Stamp must be used

