



# Africa Merchant Assurance Co. Ltd.

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## MOTOR ACCIDENT REPORT FORM

### IMPORTANT NOTICE

1. No liability under the policy is admitted by issue of this form Insurers Claim No.
2. Neither Owner nor driver must admit fault or liability for this Accident
3. Do not answer communication about this Accident, but send them to the insurers for considerations **Brokers Ref. No.** ..... **Phone No.** .....
4. All questions on this form **must** be answered.
5. Repairs must not be authorized without prior authority of the insurers.

<b>POLICY HOLDER</b>	1.	Name .....Tel. No. (Mandatory).....
	2.	Address.....Email (Mandatory).....
	3.	Business/Occupation.....
<b>POLICY</b>	4.	(a) Number..... Expiry Date.....
	5.	(b) Attach a copy of the Valid Insurance Certificate. Name of hire purchase or finance company.....
<b>VEHICLE</b>	6.	Make & Model.....HP/CC.....Year of Manufacture.. ..
	7.	Reg. No. of Vehicle.....Carrying Capacity.....
	8.	Reg. No. of Trailer.....Carrying Capacity.....
	9.	Name and Address of Owner.....
<b>USE</b>	10.	State the exact purpose for which the vehicle was being used at the time of the accident .....
<b>COMMERCIAL VEHICLE</b>	11.	Description of goods being carried.....
	12.	Name of owner of goods.....has a trailer attached.....
<b>COMMERCIAL VEHICLES</b>	13.	Weight of load on (a) Vehicle.....(b) Trailer.....

**PERSON DRIVING THE VEHICLE**

- 14. Name..... Actual Date of Birth.....  
Occupation .....
- 15. Address.....Tel. No.....
- 16. Is he employed by you? .....
- 17. How long has he been in your service? .....
- 18. Was he driving with your permission? .....
- 19. How long has he been driving motor vehicle? .....
- 20. Was he in any way blamed for the accident?.....
- 21. Did he admit liability?.....
- 22. Has he had previous accident?.....
- 23. If so, how many, and approximate date?.....
- 24. Has he any conviction for any offence in connection with any motor vehicle or any charge pending.....
- 25. If so, give details including dates.....
- 26. Does he hold a full or provisional license to drive the vehicle.....
- 27. If full, state date when driving test first passed.....Number.....
- 28. Does he own a Motor Vehicle?.....If so, give name and address of Insurer.....  
.....  
Driver's Policy No.....

**ACCIDENT**

- 29. Date.....Time.....a.m/p.m Place.....
- 30. Type of road surface.....Visibility.....Wet/Dry?.....
- 31. What lights were showing on tour.....
- 32. What warning did your driver give?.....
- 33. Estimated speed before accident.....Weather conditions.....
- 34. Did police take particulars?.....if so, give Constable's number and station.....  
.....

<p>35.</p> <p>36.</p>	<p>To which police station was the accident reported?.....</p> <p>Attach copy Notice of Intended Prosecution if any.</p>
<p><b>PLAN OF ACCIDENT</b></p> <p>37.</p>	<p>Draw sketch (stating approximate measurements) showing position of vehicle and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossing and any relevant information.</p>
<p><b>STATEMENT BY PERSON DRIVING THE VEHICLE</b></p> <p>38.</p>	<p>Signature.....</p>
<p><b>STATEMENT BY OWNER OR POLICY HOLDER</b></p> <p>39.</p>	
<p><b>DAMAGE TO INSURED VEHICLE</b></p> <p>40.</p> <p>41.</p> <p>42.</p>	<p>State briefly apparent damaged.....</p> <p>.....</p> <p>.....</p> <p>(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.)</p> <p>Name and address of the garage in our panel recommended by us.....</p> <p>Is the vehicle still in use?.....When and where can it be inspected.....</p>

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<b>OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED</b>	43.	Name and address of owner ..... .....	Vehicle Reg. No. .....	Name of Insurer and Number .....	Other property damaged .....
	44.	Name and address of driver ..... .....			
<b>PERSONS INJURED</b>	45.	Name and address ..... .....	Relationship to the policy holder ..... .....	If Driver or Passenger Reg. No. of Vehicle .....	Apparent Injuries ..... .....
	46.	Name		Address	
<b>INDEPENDENT WITNESS</b>	Name		Address		
	Name		Address		
<b>PASSENGERS IN YOUR VEHICLE</b>	Name		Address		
	Name		Address		
<b>INSURED</b>	I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.  Date.....Signature of Policyholder.....				