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# Motor Accident Claim Form

## Important Notice

1. No Liability is admitted by issue of this form
  2. Neither owner nor driver may admit fault or Liability 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 authorised without prior authority of the Insurance Company
  6. All questions on this form must be answered
- Insurer's Claim No: \_\_\_\_\_  
Broker Ref. No. \_\_\_\_\_

**\* Remember: Incomplete answers will lead to delayed processing of your claim.**

## Insured's Details

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Business or Occupation \_\_\_\_\_

V.A.T. Registration No. \_\_\_\_\_

## Policy

Policy Number \_\_\_\_\_

Period of Insurance; From: \_\_\_\_\_ To: \_\_\_\_\_

Date of payment of last premium \_\_\_\_\_

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

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## 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 it is the insured)

Name \_\_\_\_\_

First

Middle

Last

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

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Signature of Driver \_\_\_\_\_

## Statement By Owner Or Insured

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## 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	If Driver or passenger to the insured	Apparent injuries Reg. No. of vehicle

## Independent Witnesses

Name \_\_\_\_\_ Address \_\_\_\_\_

## Passengers In Your Vehicle

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Date \_\_\_\_\_ Name \_\_\_\_\_

Signature of Insured \_\_\_\_\_  
(and Stamp)

### UAP Insurance Company Limited

Bishops Garden Towers, Bishops Road, PO Box 43013-00100 NAIROBI KENYA  
Tel: 2712175, 2850000 Fax: 2719030 E-mail: uapinsurance@uapkenya.com, website: www.uapkenya.com

## **GARAGES**

### **NAIROBI**

St. Austins, Service Station  
Ngong Road  
Tel: 3875550  
Contact person: Paul  
Specializes in Mercedes, Nissan  
**NAIROBI**

Concorde Motors,  
Argwings Kodhek Rd, Hurlingham  
Tel. No: 020 2720091/43,  
**NAIROBI.**  
Specializes in Subaru

Motor Care Ltd  
Mbagathi/Langata Rd Junction  
Tel No: 6602482/6601157  
**NAIROBI.**

Foton East Africa Ltd  
Shimo La Tewa Road, Off Mombasa  
Tel. No: 020 555000, 556500,  
**NAIROBI.**

JB Motors Ltd  
Shimo La Tewa Road, Off Mombasa  
Tel. No: 020 555525, 532704,  
**NAIROBI.**

Dalex Motors  
Chepkorio Road  
P.O. Box 542-00200, Tel: 551740/557036,  
E-mail: [dalex@netathome.co.ke](mailto:dalex@netathome.co.ke)  
**NAIROBI**

Midland Auto Care Ltd  
Busia Road, off Enterprise Road,  
Box 18319, 00500,  
Tel: 6537124-6, 556657, Fax: 557068  
**NAIROBI.**

Haji Motors  
Hydai Complex, Mombasa Road Behind Vision Plaza  
Tel: 0722, 519008, 0733 431712 e-mail [haji\\_motors@yahoo.com](mailto:haji_motors@yahoo.com)  
**NAIROBI.**

Top Quality  
Thika Road, Next to Safari park  
Tel: 3584623/ 8565081  
NAIROBI.

Stephens Auto & Engineering Works  
Industrial Area Opp. City Stadium  
Tel: 6533596/ 535261  
Contact Person: Stephen Waweru  
NAIROBI

Vas Auto Centre  
Londiani Road Off Likoni Road  
P.O. Box 78449-00507 Tel: 553509, 650283/84,  
E-mail: [info@vasautocentre.co.ke](mailto:info@vasautocentre.co.ke)  
NAIROBI

Top Job Motors  
Likoni Close off, Likoni Road  
Tel: 652498, 552099, 558324,  
Contact Person: Shafran Walji  
[info@topjob.co.ke](mailto:info@topjob.co.ke)  
NAIROBI

Motorways  
Bamburi Road  
Tel: 535237/650757  
Contact: David Muriithi  
NAIROBI.

Silver Rano Motors  
Industrial Area pembe Road  
Tel: 555900/555840 e-mail [silverrano@yahoo.com](mailto:silverrano@yahoo.com)  
P.O. Box 4795-00506  
NAIROBI.

## **UPCOUNTRY GARAGES**

### **Mount Kenya Region**

Murang'a Motors

Nyeri Motors

PN Kabaara

Autospin Garage

Esso Motors

### **Mombasa**

Janka Motors

Bavaria Motors,

Concorde Motors- MSA

### **Kisumu**

Mohan Engineering

Khalsa Motors

Sunshine Motors

Auto Motive Solutions (Formerly DT Dobie-KSM)

### **Meru**

Walker Garage

George Automech

Mutindwa Enterprises

Associated Motors

### **Eldoret**

Winam Fabricators

Spray zone

Dalima Works

## **Nakuru**

Sahota

Seas Motors

Golden Motors

Automobile Hardware

## **DEALERS COUNTRY WIDE**

Marshalls E.A.

Toyota East Africa

CMC Motors

Simba Colt

Subaru Kenya

Foton East Africa Ltd

Associated Motors

Ryce Motors

DT Dobie

General Motors

Yamaha Motors

Mashariki/Enterprises Panel Beaters

Car & General