



ICEA LION
GENERAL INSURANCE

MOTOR ACCIDENT REPORT FORM

ICEA Building, Kenyatta Avenue • PO Box 30190 - 00100 GPO Nairobi, Kenya Tel: +254 (20) 2750 000/ 2221 652/ 340 365/6
• Fax: +254 (20) 222 3803/ 224 4258 • Email: info@icealion.com • www.icealion.com

The Issuing of this form is not to be taken as an admission of liability by the insurer

Claim Number Policy Number Agency

POLICY HOLDER	Full name of insured	<input type="text"/>		
	Postal address	<input type="text"/>	Code <input type="text"/>	Town <input type="text"/>
	Telephone Number	<input type="text"/>		Cell No. <input type="text"/>
	E-mail Address	<input type="text"/>		
	Business/occupation	<input type="text"/>		
POLICY	Number	<input type="text"/>	Expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Name of hire purchase or finance company	<input type="text"/>		
VEHICLE	Make & Model	_____	HP/CC	_____
	Year of Manufacture	_____		
	Reg. No. of vehicle	_____	Carrying capacity	_____
	Reg. No. of Trailer	_____	Carrying capacity	_____
	Name and Address of Owner	_____		
USE	State the exact purpose for which the vehicle was being used at the time of the accident			

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	_____

<p>DRIVER</p>	<p>Name _____</p> <p>Occupation _____ Actual Date of Birth _____</p> <p>Postal Address _____ ID No. _____</p> <p>PIN No. _____ Tel. No. _____</p> <p>Is he employed by you? _____ How long has he been in your service? _____</p> <p>Was he driving with your permission? _____ How long has he been driving motor vehicle? _____</p> <p>Was he in any way to blame for the accident? _____ Did he admit liability? _____</p> <p>Has he had any previous accident? _____ If so, how many, and approximate date? _____</p> <p>_____</p> <p>Has he any conviction for any offence in connection with any motor vehicle or any charges pending?</p> <p>_____</p> <p>If so, give details including dates _____</p> <p>_____</p> <p>Does he hold a full or provisional licence to drive the vehicle? _____</p> <p>If full, state date when driving test first passed _____ Number _____</p> <p>Does he own a Motor Vehicle? _____ If so, give name and address of Insurer _____</p> <p>_____ Driver's Policy No. _____</p>
<p>ACCIDENT</p>	<p>Date _____ Time _____ a.m/p.m Place _____</p> <p>Type of road Surface _____ Visibility _____ Wet or Dry? _____</p> <p>What lights were showing on your vehicle? _____</p> <p>What warning did your driver give? _____</p> <p>Estimated speed before accident _____ Weather Conditions _____</p> <p>Did Police take particulars? _____ If so give Constable's number and station _____</p> <p>To which Police Station was the accident reported _____</p> <p>Attach copy Notice of Intended Prosecution if any _____</p>
<p>PLAN OF ACCIDENT</p>	<p>Draw sketch (stating 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 other relevant information</p>

STATEMENT BY DRIVER	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
STATEMENT BY OWNER OR POLICY HOLDER	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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). Repairer's name and address _____ _____ Tel. No. _____ Is the vehicle still in use? _____ When and where can it be inspected? _____ _____

OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	Name and address of Owner	Reg. No.	Name of Insurer	Policy No.	Other property damaged
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	Name and address of driver _____ Tel. _____				

PERSONS INJURED	Name and Address	Relationship To the Policyholder	If Driver or Passenger Reg. No. of vehicle	Apparent Injuries
	_____	_____	_____	_____
	_____	_____	_____	_____

INDEPENDENT WITNESS	Name	Address
	_____	_____

PASSENGERS IN YOUR VEHICLE	Name	Address
	_____	_____

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

Date _____ Signature of Policy holder _____

Rubber Stamp

STATEMENT
BY DRIVER

STATEMENT
BY OWNER OF
POLICY HOLDER

STATEMENT
BY OTHER PARTY
INVOLVED

STATEMENT
BY OTHER PARTY
INVOLVED

STATEMENT
BY OTHER PARTY
INVOLVED

STATEMENT
BY OTHER PARTY
INVOLVED

STATEMENT
BY OTHER PARTY
INVOLVED