



MOTOR ACCIDENT REPORT FORM

UMMA INSURANCE BROKERS

Head Office:
Gateway Place, 3rd Floor, Millimani Road,
P.O. Box 24582 - 00100 GPO, Nairobi,
Kenya Tel: +254 775 444 777 / +254 784 444 776
Email: info@ummainsurance.com
www.ummainurance.com

DIRECTIONS:

- All questions must be answered in full, in BLOCK letters, in your own handwriting or to your dictation.
- The issuing of this form is not to be taken as an admission of liability by the insurers.
- Neither owner nor driver may admit fault or liability for this accident.
- Do not answer communications about this accident. Direct this to the Insurance Company for action.
- Repairs must not be authorised without prior authority of the Insurance Company.

CLAIM NO.

AGENT'S REF. NO.

1. INSURED

Name of Insured in full

Postal address Postal code

Telephone - Office Location Mobile

Email

Occupation/nature of business

ID/Certificate of Incorporation PIN No.

2. POLICY

Policy no.

When does the Policy expire?

Is there any hire purchase interest? Yes No

If yes, give details

3. PARTICULARS OF THE VEHICLE

Make/model

When was the vehicle manufactured? H.P./C.C.

Vehicle registration no. Carrying capacity

Trailer registration no. Carrying capacity

Name and address of owner

4. USE

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

5. COMMERCIAL VEHICLE(S) (if applicable)

Description of goods being carried

Name of owner of goods

Was the trailer attached? Yes No

Weight of load - Vehicle Trailer

6. DRIVER

Name and of driver

What is the driver's date of birth?

Driver DL/KRAPIN

Driver License	KRA PIN
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Telephone - Office Mobile

Is the driver employed by you? Yes No

How long has the driver been in your service?

How long has the driver been driving motor vehicles?

Was the driver in anyway to blame for the accident? Yes No

Did the driver admit liability? Yes No

Has the driver had previous accidents? Yes No

If 'Yes' how many and approximate dates

Has the driver ever been convicted for any offence with any motor vehicle or any charges pending? Yes No

If 'Yes' give details including dates

Was the driver driving with your permission? Yes No

Does the driver hold a full or provisional license to drive this vehicle? Yes No

If full, state date when driving test was first passed

Does the driver own a motor vehicle? Yes No

If 'Yes' give name and address of insurer

Driver's Policy no.

7. ACCIDENT

When did the accident occur? Time of accident

Place of accident

Type of road surface Visibility Wet/dry

What lights were showing on your vehicle?

What warning did your driver give?

Estimated speed before accident occurred *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 of Notice of Intended Prosecution if any

8. PLAN OF ACCIDENT

Draw a 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, speed marks, pedestrian crossing and any other relevant information.

9. STATEMENT BY DRIVER

Signature of Driver _____

10. STATEMENT BY OWNER OR INSURED

11. 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 Umma Insurance Brokers an estimate for repairs.)

Telephone

Is the vehicle still in use? Yes No

12. OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

Name and address of owner	Registration no.	Policy no.	Certificate no.	Extent of damage

Name and address of driver

13. PERSONS INJURED

Name and address	Relationship to Insured	If driver or passenger, registration no. of vehicle	Apparent injuries

14. INDEPENDENT WITNESSES

Name	Address

15. PASSENGERS IN YOUR VEHICLE

Name	Address

DECLARATION

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 Insured _____