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> Important Notice

1. No liability is admitted by issue of this form
2. Neither owner nor driver may admit fault or liability for the accident.
3. Do not answer communications about this Accident. Direct these to the insurance Company for Action
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the insurance company MOTOR ACCIDENT

> Personal Details

Policy No.:
Client Name:
Postal Address: Postal Code:
Telephone No. Mobile No.
E-mail Address:
Occupation:

> Technical Details**Vehicle**

Make Model
HP / CC
Reg. No. of vehicle Carrying Capacity
Reg. No. of trailer Carrying Capacity
Name of Owner:
Address of Owner:

> Accident Details**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).

Repairer's name
Repairer's address
Tel. No. : Is the vehicle still in use Yes No

When and where can it be inspected?

Other Vehicles Involved

Names of driver
Address of driver
Reg. No.
Name of Insurer

Other Property Damaged

Persons Injured

Names of person injured

Address of person injured



Accident Details

Independent Witnesses

Name:

Address:

Tel. No.:

Passengers In Your Vehicle

Name:

Address:

Tel. No.:

Use

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

Description of goods being carried:

Name of owner of goods

Was a trailer attached?

Weight of load on (a) Vehicle (b) Trailer(s)

Driver

Name:

Occupation: Date of Birth

Address: Tel. No.:

Is he/she employed by you? Yes No

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

How long has he/she been in your service

If so, how many and approximate dates?

Does he/she have any conviction for any offence in connection with any motor vehicle or any charges pending? If so, give details including dates

Does he/she hold a full or provisional licence to drive this vehicle?

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 or insured

Driver's Policy No.:

Relationship to Insured:

Accident

Date Time: am pm Place

Type of road surface

Visibility

Wet or Dry

What lights were showing on your vehicle?

Estimated speed before accident weather conditions

Did the police take particulars? Yes No

To which police station was the accident reported?

Please attach a copies of the following:

Drivers license Police Abstract Garage quotation (If any) Intended prosecution if any

Plan of Accident

Draw sketch/Attach (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

Statement by owner or insured



> Declaration

I/We declare that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident/incident.

Name of Insured: _____

Signature of Insured: _____ Date: _____