

# GEMINIA INSURANCE COMPANY LIMITED

P.O. Box 61316 NAIROBI KENYA

## MOTOR ACCIDENT REPORT 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 this 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.

|                            |  |
|----------------------------|--|
|                            | Insurer's Claim No.....  |
| <b>INSURED</b>             | Name..... Tel. No.....<br>Address.....<br>Business / Occupation.....   |
|                            | Number..... Expiry Date.....<br>Name of Hire Purchase or Finance Company.....  |
|                            | Make & Model..... HP/CC.....<br>Reg. No. of Vehicle..... Carrying Capacity.....<br>Reg. No. of Trailer..... Carrying Capacity.....<br>Name and Address of Owner.....   |
| <b>USE</b>                 | State the exact purpose for which the vehicle was being used at the time of the accident.....<br>.....<br>.....  |
| <b>COMMERCIAL VEHICLES</b> | Description of goods being carried.....<br>Name of owner of goods..... was a trailer attached?.....<br>Weight of load on (a) Vehicle..... (b) Trailer ( s).....  |
| <b>DRIVER</b>              | Name..... Occupation..... Date of birth.....<br>Address.....<br>Tel. No.....<br>Is he employed by you?..... How long has he been in your service?.....<br>Was he driving with your permission?..... How long has he been driving motor vehicles?.....<br>Was he in any way to blame for the accident?..... Did he admit liability?.....<br>Has he had any previous accidents?..... If so, how many, and approximate dates?.....<br>.....<br>Has he any conviction for any offence in connection with any motor vehicle or any charges pending?.....<br>If so, give details including dates.....<br>.....<br>Does he hold a full or provisional licence to drive this vehicle?.....<br>If full, state date when driving test first passed..... Number.....<br>Does he own a Motor Vehicle?..... If so, give name and address of insurer.....<br>..... Driver's Policy No..... |
| <b>ACCIDENT</b>            | Date..... Time..... a.m/p.m. Place.....<br>Type of Road surface..... Visibility..... Wet or Dry?.....<br>What lights were showing on your vehicle?.....<br>What warning did your driver give?.....<br>Estimated speed before accident..... Weather conditions.....<br>Did Police take particulars?..... If so, give Constable's number and station.....<br>To which Police station was the accident reported?.....<br>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 showing type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information.

**STATEMENT BY DRIVER**

Signature of Driver.....

**STATEMENT BY OWNER OR INSURED**

**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 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 | Other property damaged |
|---------------------------|----------|-----------------|------------------------|
| .....                     | .....    | .....           | .....                  |

**PERSONS INJURED**

| Name and address of driver | Relationship to the Insured | If Driver or Passenger<br>Reg. No. of vehicle | Apparent Injuries |
|----------------------------|-----------------------------|---|-------------------|
| .....                      | .....                       | .....   | .....             |

**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 unanswered) any correspondence relating to this accident.

Date.....Signature of Insured.....