



ACROPOLIS INSURANCE BROKERS LTD.

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MOTOR ACCIDENT REPORT FORM.

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

Claim No.		Broker's/Agent's Ref. No.	
1. INSURED			
Name of Insured in full			
Postal Address		Postal Code	
Telephone Office	Telephone Home	Mobile Phone	
Email Address			
Occupation / Nature of Business			
2. POLICY			
Name of Insurer			
Policy No.		Policy Expires On (Day/Month/Year)	
Is there any hire purchase interest? If yes, give details below.			
3. PARTICULARS OF THE VEHICLE			
Make / Model			
Year of Manufacture		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 accident			
5. COMMERCIAL VEHICLE(S), if applicable			
Description of goods being carried			
Name of goods owner		Is the vehicle your own insured property?	
Was the trailer attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Load Weight - Vehicle		Load Weight - Trailer

6. DRIVER

Name and address of driver

Driver DOB / /

Telephone No.

Mobile No.

Is the driver employed by You?

 Yes No

Years in your employment?

If employed state no. of years

Total number

of years driving

Was the driver the cause of Accident? Yes NoDid the driver admit liability? Yes NoDoes the driver have previous Accident Records? Yes No

If yes, please state how many and approximate dates

Has the driver any convictions for any offences with any motor vehicle or any charges pending? Yes No

If Yes, give details including dates

Was the driver, driving with your permission? Yes NoDoes the driver hold a licence to drive the above vehicle? Yes No. Was it Full Licence Provisional?

If yes, state the date when the first test was passed & provide Licence number

Does the driver own a vehicle? Yes No

Driver's Policy No.

If yes, give the name and address of the insurer

7. ACCIDENT

Date of accident / /

Time of accident

 am pm

Place of accident

Road Surface Type

Visibility

Wet/Dry

What lights were showing on your vehicle?

What warning did your driver give?

Estimated speed before accident occurred Kms/Hr

Weather Conditions

Condition & mileage of the vehicle at the time of accident / theft?

Did the police take the particulars of accident? Yes No

If yes, state the Police Officer's Name and Identification Number.

Name of Police Station reported & OB Number.

To the best of your knowledge what further action was taken by the Police.

Has any third party correspondence being received so far? Yes No

8. PLAN OF ACCIDENT

Draw a sketch (stating approximate measurements) showing position of vehicles, persons concerned and the direction in which they were traveling. Also show type & position of the traffic signs, speed marks, pedestrian crossing and any other relevant information.

Plan of Accident Sketch here:

9. WRITTEN STATEMENT OF THE DRIVER

Signature of the Driver:

10. STATEMENT BY THE OWNER OR INSURED

11. DAMAGE DONE TO THE INSURED VEHICLE

State briefly the apparent damage to the vehicle

(In all cases where your vehicle is damaged and you are entitled to a claim under your policy, please send us at once an estimate of the repairs).

Name, Address and Telephone of the Repairer

Is the vehicle still in use? Yes No

Where can it be inspected?

When can it be inspected?

12. OTHER VEHICLES INVOLVED IN THE ACCIDENT AND/OR PROPERTY DAMAGED

Owner's Name and Address

Registration No.

Policy No.

Certificate No.

Name of 3rd Party Insurer

Extent of Damage

Owner's Name and Address

Registration No.

Policy No.

Certificate No.

Extent of Damage

13. PERSONS INJURED

(i) Name and Address

Relationship to the Insured

Vehicle Registration No.

Apparent Injuries

(ii) Name and Address

Relationship to the Insured

Vehicle Registration No.

Apparent Injuries

(iii) Name and Address

Relationship to the Insured

Vehicle Registration No.

Apparent Injuries

14. INDEPENDENT WITNESSES

Name

Address & Phone

15. PASSENGERS IN YOUR VEHICLE

Name

Address & Phone

DECLARATION: I declare that the above particulars are true, correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.

Date _____ Signature of the Insured _____

Note: Please affix, company stamp where applicable.