



ASSURANCE

To Be Completed By Directline Assurance Co Ltd	
Incident No:	
Policy Number:	
Period of Cover:	From: To:
Intermediary:	
Intermediary Ref:	

MOTOR VEHICLE ACCIDENT REPORT AND CLAIM INTIMATION FORM

IMPORTANT NOTICE TO POLICY HOLDER:

No liability under the policy is admitted by issue of this form.
 Neither owner nor driver of the Vehicle should admit fault or liability for this accident or any other.
 Do not answer any written or verbal communication from anyone about the accident. All communication must be referred to the Directline Assurance for consideration.
 All questions in this form must be answered in full.
 Repairs must not be undertaken without prior authority.

Submit the following documents with the completed form:

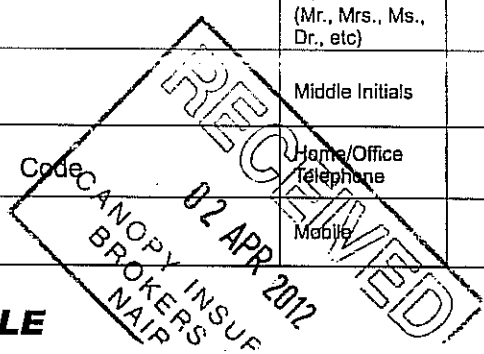
- a) Original Police Abstract Report
- b) Copy of Log Book
- c) Cheque for outstanding premium (if any)
- d) Copy of Intended Prosecution (if any)
- e) Cheque for Excess
- f) Copy of Driver's Current License
- g) Police Vehicle Inspection Report

SECTION A - GENERAL INFORMATION

(To be completed for all types of claims)

1. THE INSURED

Name	Last		Title (Mr., Mrs., Ms., Dr., etc)	
	First		Middle Initials	
Current contacts	Postal Address	P.O. Box	Home/Office telephone	
	City/Town		Mobile	



2. DETAILS OF THE ACCIDENT VEHICLE

Registration marks of the vehicle	Make and model	Year of manufacture	Value of the Vehicle (Kshs)	Authorised Seating/ Carrying Capacity (Excluding Driver)

3. PARTICULARS OF THE DRIVER

Name of Driver	Telephone	Current driving licence No.	Date of Birth	No. of years driver has been driving vehicles

- 4. What was the exact purpose for which the vehicle was being used at the time of the accident
- 5. Was the driver charged with any traffic offence as a result of the accident? Yes / No: if yes give details of the charges and attach copy of the Notice of Intended Prosecution.

- 6. Was the driver under the driver under influence of alcohol/drugs at the time of the accident? Yes / No _____
- 7. Was the driver employed by you and was he driving with your authority? Yes / No: If no give details _____
- 8. Was the Driver to blame for the accident?

- 9. Did the driver admit liability, either verbally or in writing?

- 10. Does the driver have any previous accidents? _____ if so, how many and approximate dates _____
- 11. Does he have any previous convictions or pending charges for traffic offences?

12. PARTICULARS OF THE ACCIDENT

Date of accident		Time of the accident (am / pm)		Place of accident	
Estimated speed before the accident		How many people were in the vehicle at the time of the accident		Visibility	
Weather conditions		Road surface		Any other information	

12 B. DRAW A SKETCH OF THE ACCIDENT, SHOW POSITION OF ALL VEHICLES INVOLVED, DIRECTIONS AND THE NAMES OF THE ROAD/S AND GENERAL LAND MARKS (e.g. towns or intersections)

13. PARTICULARS OF POLICE STATION

Name of the police station where the incident was reported	Date of report	Name of the police Officer handling the matter	What action if any is being taken by the police

SECTION B - TO BE COMPLETED FOR CLAIM OF DAMAGE TO OWN VEHICLE

14. PARTICULARS OF DAMAGE TO THE INSURED VEHICLE

Give points of impact on the vehicle (e.g. front left hand , right hand side door, etc)	
1	4
2	5
3	6

15. PARTICULARS OF THE GARAGE WHERE THE VEHICLE MAY BE INSPECTED

Name of Selected garage	Contact Person at Garage	Garage Telephone Numbers

For all incidents where the insured vehicle is damaged and entitled to claim under the policy, attach an estimate of repairs from the garage. List of approved garages available on request.

SECTION C PROVIDE INFORMATION OF DAMAGE SUSTAINED BY THIRD PARTY VEHICLE(S)/PROPERTY

16. PARTICULARS OF DAMAGED THIRD PARTY VEHICLE(S)

Full name of the owner / driver of the third party vehicle	Address	Tel No.	Vehicle Reg. No	Name of insurer of the third party vehicle	Insurance policy number of the third party vehicle

17. Was there damage to any other third party property (other than motor vehicle)? YES / NO. If so, give details of property and extent of damage.

SECTION D INJURIES TO OR DEATH OF PERSONS (To be completed for all injuries and/or death of persons)

Correspondence, notice, writs or summons received from a third party must not be answered by the insured but must be immediately physically delivered to Directline.

18. Indicate the total number of people who were: Injured Killed

19. Particulars of the persons injured or killed (if space is not enough - attach separate list).

Full names of injured or dead persons (if names are not known, use "adult male", "adult female", "male child" or "female child")	Relationship to the insured	Nature of injuries	Indicate whether driver, passenger, pedestrian etc and the respective vehicle they were in.

20. PARTICULARS OF WITNESSES TO THE ACCIDENT

Name of Witness	Address	Tel/Cell No.	Indicate Passenger /Pedestrian/Other
1			
2			
3			

21. STATEMENTS

21.1. The driver to give detailed explanation of the accident/loss

SIGNATURE OF DRIVER _____

21.2. The Insured to give a detailed explanation of the accident/loss.

SIGNATURE OF INSURED _____

19. DECLARATION

I / we declare that to the best of my / our knowledge and belief the foregoing statements are true in every respect and undertake to forward to Directline Assurance Co. Ltd. Immediately and unanswered any correspondence from third party (s) relating to this accident. I / we further undertake to avail the authorized driver of my / our vehicle at the time of the accident as and when requested by Directline or by any advocate appointed by Directline in connection with this accident.

Signature of Insured: _____ Date _____

Full Name of Insured / if company affix company stamp: _____