



Motor Insurance Claim Form

CIC INSURANCE GROUP LIMITED

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M-Pesa Business No. 600112

AGENCY/BROKER:

CUSTOMER INFORMATION:

SURNAME: OTHER NAMES:

POSTAL ADDRESS: CODE: TOWN:

POLICY NUMBER: TELEPHONE :

MOBILE NO: EMAIL:

PIN NO: ID/PASSPORT NO:

OCCUPATION:

VEHICLE DETAILS:

Registration: Year: Make: Model:

Financier's Name : (If Applicable):

DRIVER DETAILS

Who was driving the vehicle at the time of the accident? Surname Name:

Other Names: Occupation:

Address, Telephone Number, Mobile. (If Different From The Above):

Date of Birth ID/Passport Number:

Relationship to Insured: Pin No:

Driver's license number:

Date issued: Gender: Male Female

How long have you been driving?

Had you consumed any intoxicating liquor or taken any medication or other drugs within 6 hours prior to the accident? Y N

If yes, please provide full details:

If you are not the insured, do you have a vehicle of your own? Y N

If yes, who is the insurer?

Have you been convicted in the last 5 years of any offence in connection with any motor vehicle, or is any prosecution or Police enquiry pending?

If yes, give details;

ACCIDENT DETAILS:

What was the date of the accident? Time: AM PM

Where did the accident occur? Town: Road:

What was your speed at the time of the accident? Mph /kph. Were your headlights on

What was the weather condition at the time of the accident?

What warning was given immediately prior to the accident?

Where is the Vehicle now?

Name of the repairer: Contacts:

Details of towing agency:

Did the Police witness or attend the scene of the accident?

If Yes, name of Police Officer: Force number:

Name of Police Station: O.B NO:

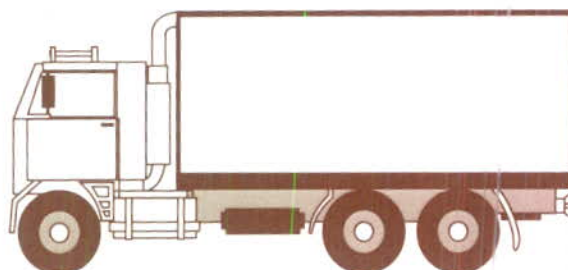
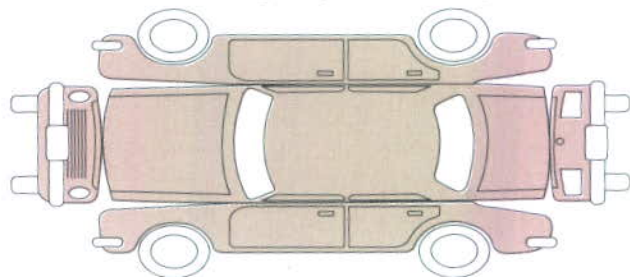
How many occupants were in your vehicle?

Was the driver or any passenger(s) in your Vehicle injured as a result of this accident?

If yes give details;

NAME	NATURE AND EXTENT OF INJURIES:	RELATIONSHIP TO THE INSURED

Please illustrate damage to your vehicle by indicating an X on the diagram below:



Give a brief statement describing the extent of damage.

Sketch plan of scene of accident

Driver's statement:

**PLEASE WRITE AND SIGN A COMPREHENSIVE STATEMENT DETAILING
CIRCUMSTANCES SURROUNDING THE ACCIDENT ON A SEPARATE SHEET OF PAPER**

Did you admit liability Y N

Signature:

Insured's statement:

**PLEASE WRITE AND SIGN A COMPREHENSIVE STATEMENT
REGARDING THE ACCIDENT ON A SEPARATE SHEET OF PAPER**

Have you ever made any claim or been in an accident in connection with a motor vehicle in the last 5 years Y N

If yes, please provide full details:

Was the Vehicle being driven without your authority or permission? Y N

If yes, please provide full details

PERSONAL INJURY TO THIRD PARTIES (if applicable)

Was anyone else injured as a result of this accident? (Pedestrian or passenger in the other vehicle) Y N

If yes, please avail the following details; Name, address, hospital attended, nature and extent of injuries;

THIRD PARTY PROPERTY DAMAGE DETAILS (if applicable)

Was there any third party property damage? Motor vehicle Other properties

If yes, please avail the details (as applicable);

Name of owner:

Name of driver:

Address:

Registration no: make:

Extent of the damage

Third party's insurer: policy number:

Did the other driver admit liability for the accident? N

WITNESSES

Please provide names and contact details of all witnesses to this accident.

Name : Contacts:

Name : Contacts:

USE OF THE MOTOR VEHICLE

For what purpose was the vehicle being used at the time of the accident?

Give a description of the goods being carried; (if applicable)

Name of owner of goods carried.

Declaration

I/We declare that: All the statements in this claim form and any additional schedules are true, complete and accurate under the circumstances stated herein.

Date:

Insured's Signature:
Rubber Stamp / Seal

FOR OFFICIAL USE ONLY

The following supporting documents are required;

- Original police abstract
- Copy of drivers' license
- Evidence of excess payable (where applicable)