

**The Jubilee Insurance Company of Kenya Limited
Head Office:**

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Kisumu:

Jubilee Insurance House, Oginga Odinga Road,
P.O. Box 378 - 40100, Kisumu, Kenya
Email: kisumu@jubileekenya.com

DIRECTIONS:

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

CLAIM NO. BROKER'S/AGENT'S REF. NO.

1. INSURED

Name of Insured in full

Postal address Postal code

Telephone - Office House Mobile

Email

Occupation/nature of business

2. POLICY

Policy no.

When does the Policy expire? day/month/year

Is there any hire purchase interest? Yes No

If yes, give details

3. PARTICULARS OF THE VEHICLE

Make/model

When was the vehicle manufactured? year 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 the accident

5. COMMERCIAL VEHICLE(S) (if applicable)

Description of goods being carried

Name of owner of goods

Was the trailer attached? Yes No

Weight of load - Vehicle Trailer

6. DRIVER

Name and address of driver

What is the driver's date of birth?

Occupation

Telephone - Office Mobile

Is the driver employed by you? Yes No

How long has the driver been in your service?

How long has the driver been driving motor vehicles?

Was the driver in anyway to blame for the accident? Yes No

Did the driver admit liability? Yes No

Has the driver had previous accidents? Yes No

If 'Yes' how many and approximate dates

Has the driver any conviction for any offence with any motor vehicle or any charges pending? Yes No

If 'Yes' give details including dates

Was the driver driving with your permission? Yes No

Does the driver hold a full or provisional license to drive this vehicle? Yes No

If full, state date when driving test was first passed

Does the driver own a motor vehicle? Yes No

If 'Yes' give name and address of insurer

Driver's Policy no.

7. ACCIDENT

When did the accident occur? Time of accident

Place of accident

Type of road surface Visibility Wet/dry

What lights were showing on your vehicle?

What warning did your driver give?

Estimated speed before accident occurred km/hr Weather conditions

Did Police take particulars? Yes No

If 'Yes' Constable's/Officer's Police no. and station

To which Police Station was the accident reported?
Attach copy of Notice of Intended Prosecution if any

8. PLAN OF ACCIDENT

Draw a sketch (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, speed marks, pedestrian crossing and any other relevant information.

9. STATEMENT BY DRIVER

Signature of Driver _____

10. STATEMENT BY OWNER OR INSURED

11. 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 Jubilee Insurance Company of Kenya Limited an estimate for repairs.)

Name and address of repairer

Telephone

Is the vehicle still in use? Yes No

When and where can it be inspected?

12. OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

Name and address of owner	Registration no.	Policy no.	Certificate no.	Extent of damage

Name and address of driver

13. PERSONS INJURED

Name and address	Relationship to Insured	If driver or passenger, registration no. of vehicle	Apparent injuries

14. INDEPENDENT WITNESSES

Name	Address

15. PASSENGERS IN YOUR VEHICLE

Name	Address

DECLARATION

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 _____