



**ICEA LION**  
GENERAL INSURANCE

## MOTOR ACCIDENT REPORT FORM

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**The Issuing of this form is not to be taken as an admission of liability by the insurer**

Claim Number  Policy Number  Agency

<b>POLICY HOLDER</b>	Full name of insured	<input type="text"/>		
	Postal address	<input type="text"/>	Code <input type="text"/>	Town <input type="text"/>
	Telephone Number	<input type="text"/>		Cell No. <input type="text"/>
	E-mail Address	<input type="text"/>		
	Business/occupation	<input type="text"/>		
<b>POLICY</b>	Number	<input type="text"/>	Expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Name of hire purchase or finance company	<input type="text"/>		
<b>VEHICLE</b>	Make & Model	_____	HP/CC	_____
	Year of Manufacture	_____		
	Reg. No. of vehicle	_____	Carrying capacity	_____
	Reg. No. of Trailer	_____	Carrying capacity	_____
	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			
	_____			
	_____			
<b>COMMERCIAL VEHICLES</b>	Description of goods being carried	_____		
	Name of owner of goods	_____	Was a trailer attached	_____
	Weight of load on (a) Vehicle	_____	(b) Trailer's	_____

<p><b>DRIVER</b></p>	<p>Name _____</p> <p>Occupation _____ Actual Date of Birth _____</p> <p>Postal Address _____ ID No. _____</p> <p>PIN No. _____ Tel. No. _____</p> <p>Is he employed by you? _____ How long has he been in your service? _____</p> <p>Was he driving with your permission? _____ How long has he been driving motor vehicle? _____</p> <p>Was he in any way to blame for the accident? _____ Did he admit liability? _____</p> <p>Has he had any previous accident? _____ If so, how many, and approximate date? _____</p> <p>_____</p> <p>Has he any conviction for any offence in connection with any motor vehicle or any charges pending?</p> <p>_____</p> <p>If so, give details including dates _____</p> <p>_____</p> <p>Does he hold a full or provisional licence to drive the vehicle? _____</p> <p>If full, state date when driving test first passed _____ Number _____</p> <p>Does he own a Motor Vehicle? _____ If so, give name and address of Insurer _____</p> <p>_____ Driver's Policy No. _____</p>
<p><b>ACCIDENT</b></p>	<p>Date _____ Time _____ a.m/p.m Place _____</p> <p>Type of road Surface _____ Visibility _____ Wet or Dry? _____</p> <p>What lights were showing on your vehicle? _____</p> <p>What warning did your driver give? _____</p> <p>Estimated speed before accident _____ Weather Conditions _____</p> <p>Did Police take particulars? _____ If so give Constable's number and station _____</p> <p>To which Police Station was the accident reported _____</p> <p>Attach copy Notice of Intended Prosecution if any _____</p>
<p><b>PLAN OF ACCIDENT</b></p>	<p>Draw sketch (stating measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossings and other relevant information</p>

<b>STATEMENT BY DRIVER</b>	_____
	_____
	_____
	Signature of Driver _____
<b>STATEMENT BY OWNER OR POLICY HOLDER</b>	_____
	_____
	_____
	_____
<b>DAMAGE TO INSURED VEHICLE</b>	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 Insurers an estimate for repairs). Repairer's name and address _____
	_____ Tel. No. _____
	Is the vehicle still in use? _____ When and where can it be inspected? _____

<b>OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED</b>	Name and address of Owner	Reg. No.	Name of Insurer	Policy No.	Other property damaged
	_____	_____	_____	_____	_____
Name and address of driver _____ Tel. _____					

<b>PERSONS INJURED</b>	Name and Address	Relationship To the Policyholder	If Driver or Passenger Reg. No. of vehicle	Apparent Injuries
	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>INDEPENDENT WITNESS</b>	Name	Address
	_____	_____
<b>PASSENGERS IN YOUR VEHICLE</b>	Name	Address
	_____	_____

I DECLARE that these particulars are true and undertake to forward immediately (and unanswered) if any correspondence relating to this accident.

Date \_\_\_\_\_ Signature of Policy holder \_\_\_\_\_

**Rubber Stamp**

STATEMENT  
BY DRIVER

STATEMENT  
BY OWNER OF  
POLICY HOLDER

STATEMENT  
BY OTHER PARTY  
INVOLVED

STATEMENT  
BY OTHER PARTY  
INVOLVED  
PROPERTY  
DAMAGED

STATEMENT  
BY OTHER PARTY  
INVOLVED

STATEMENT  
BY OTHER PARTY  
INVOLVED

STATEMENT  
BY OTHER PARTY  
INVOLVED