



It Pays!

REAL INSURANCE COMPANY LIMITED

P O Box 40001 – 00100, GPO, Nairobi

Telephone No: 020-4904000 Fax: 2717888 / 2713831 Email: general@realinsurance.co.ke Website:

www.realinsurance.co.ke

MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED

- (1) No liability under the policy is admitted by issue of this form
- (2) Neither owner nor driver must admit fault or liability
- (3) Do not answer communications about this Accident, but send them to the insurers for consideration
- (4) Repairs must not be authorized without prior authority of the Insurers

POLICY HOLDER:	Name Telephone: Address Business /Occupation:
POLICY	Number Expiry Date Name of Hire purchase or Finance Company
VEHICLE	Make & Model HP/CC Year of Manufacture Reg. No of Vehicle Carrying Capacity Reg. No of Trailer Carrying Capacity <i>Attach a copy of the Logbook and Driving Licence</i>
USE	State the exact purpose for which the vehicle was being used at the time of the accident
COMMERCIAL VEHICLES	Description of goods being carried Name of owner of goods Was trailer attached Weight of load on (a) vehicle (b) Trailer's
DRIVER	Name Occupation Date of Birth Address Tel No: Is he employed by you? How long has he been in your service? Was he driving with your permission? How long has he been driving motor vehicles Was he in anyway to blame for the accident? Did he admit liability? Has he had any previous accident If so, how many, and approximate date(s) Has he any conviction for any offence in connection with any motor vehicle of any charges pending? If so, give details including dates Does he hold a full or provisional licence to drive the vehicle? If full, state exact date, driving test first passed Licence No Does he own a motor vehicle? If so give name and address of Insurer Driver's Policy No
ACCIDENT	Date Time AM/PM Place Type of road surface Visibility Wet or Dry? What lights were showing on your vehicle? What warning did your driver give? Estimated speed before accident Weather Conditions Did Police take particulars? If so, give Constable's No. and Station To which police station was the accident reported?

Attach copy of Notice of Intended Prosecution if any

This part **MUST** be filled by the insured, the driver and any witness listed in the claim form. Reproduce this part where necessary.

WITNESS STATEMENT FORM

NAME.....ID NO.....

POSTAL CONTACTSTEL. CONTACTS.....

CELL NOEMAIL

DATE OF ACCIDENT..... DATE RECORDED:.....

PLACE:..... TIME:.....

CLASS OF PERSON:

Declaration: I declare the foregoing particulars to be a true account of the accident herein.

SIGNATURE DATE:.....

PLAN OF ACCIDENT	Draw sketch (Stating measurements) showing position of vehicles and persons concerned and the direction in which they were traveling Also show type and position of traffic signs, skid marks, pedestrian crossings and other relevant information. (If necessary use separate sheet)			
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 insurers an estimate for repairs) Repairers Name and Address: ----- <div style="display: flex; justify-content: space-between;"> Is vehicle still in use? ----- Tel No: ----- </div> When and where can it be inspected? ----- -----			
OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	Name and Address of Owner	Reg. No	Name of Insurer	Other Property damaged
	-----	-----	-----	-----
	-----	-----	-----	-----
	Name and Address of the Driver			
PERSONS INJURED	Name and Address	Relationship to the Policyholder	If Driver or Passenger Reg. No of vehicle	Apparent injuries
	-----	-----	-----	-----
	-----	-----	-----	-----
INDEPENDENT WITNESSES	Name		Address	
	-----		-----	
	-----		-----	
PASSENGERS IN YOUR VEHICLE	Name		Address	
	-----		-----	
	-----		-----	
I declare that these particulars are true and undertake to forward immediately (and unanswered) any correspondence relating to this accident.				
----- DATE		----- SIGNATURE OF POLICYHOLDER		