



KENYAN ALLIANCE



MOTOR ACCIDENT CLAIM FORM

IMPORTANT NOTICE:

- Repairs must not be authorised without prior authority from us.
- All thefts (including accessories) must be reported to the police and a report furnished to the company.

Personal Details

Agency: Broker: Direct:

Intermediary:

Policy:

Client Name:

Postal Address: Postal Code:

Telephone No. Mobile Phone No.

E-mail Address:

Occupation:

Name of hire purchase company:

Vehicle Details

Make & Model: Year of manufacture:

Vehicle registration: H.P or C.C:

Trailer registration: H.P or C.C:

Purpose(s) to which the vehicle was being used at the time it was stolen:

Commercial vehicles

Descriptopn of goods carried

Name of owner of goods:

Was the trailer attached? Yes No Weight of load on (a) Vehicle (b) Trailer(s)

Driver

Name

Occupation Date of birth

Address Telephone number

Is he/she employed you? Yes No How long has he been in your service?

Was he in any way to blame for the accident? Yes No Did he admit liability Yes No

Has he had any previous accidents? Yes No If so, how many and approximate dates

Has he had any convction for any offence any other than motor vehicle or any charges pending? Yes No

If so give details including dates:

Does he hold a full provisional license to drive this vehicle? Yes No

If full state date when driving test first passed and license number

Does he own a motor vehicle? Yes No
 If yes, give me address of insurer Drivers policy number

Accident

Date: Time: : a.m./p.m. Place

Type of road surface? Visibility? Wet or Dry?

What lights were showing on the vehicle?

What warning did your driver give?

Estimated speed before travel? Weather conditions

Did Police take particulars? If so, give constable's number and station

To which Police was the accident reported?

Attach copy Notice of intended prosecution if any

Plan of accident

Draw sketch (stating approximate measures) showing positions 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 any other relevant information.

Statement by driver

Statement by owner or policy holder

Damage to insured vehicle

Contact us:

NAIROBI HEAD OFFICE

Chester House
Ground & 1st floor, Koinange
Street.
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M: 0722-205286, 0733-600462
Fax: 2217340, 2211158
E: kai@kenyanalliance.com

KISUMU OFFICE

Reinsurance plaza,
2nd floor Oginga Odinga Street
T: 057 -2022091/ 020-2389261
E: kaiksm@kenyanalliance.com

KITUI OFFICE

Muli Mall, 1st floor Room 33
Makuti Street
T: 020 2023810

MOMBASA OFFICE

Trade centre, Ground floor,
Nkurumah Road.
P.O.Box 86691 - 80100,
Mombasa
T:041-2222296
Fax: 041 - 2222297.
M: 0722 208 873
E:kaimsa@kenyanalliance.com

MERU OFFICE

Angaine plaza Ground floor,
Off Tom Mboya Avenue
T:020 - 2403869

MACHAKOS OFFICE

Susu Centre, Ground Floor
P.O. Box 911 - 90100, Machakos
T:020-2178044/39
M : 0728428004
Fax: 044 - 2312073

NAKURU OFFICE

Utalii Arcade, Ground Floor
Moi Road, Kenyatta Avenue
P.O. Box 1577, Nakuru
T: 051-2214794/ 0722 208 874
Fax: 051 - 2215686
E: kainku@kenyanalliance.co

THIKA OFFICE

Thika Arcade,
Off Kenyatta Avenue, 4th floor
T: 020-2428354, 020-240388
Fax: 020 - 2428352

KARATINA OFFICE

Uchumi Building, Ground floor
Off Nyeri Nairobi highway
T: 061 - 2144913
Fax: 061 - 72921

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