



**The Monarch Insurance Company Limited**

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**MOTOR ACCIDENT REPORT FORM**

**IMPORTANT NOTICE**

1. **No liability under the policy is admitted by Issue of this Form**
2. **Neither Owner nor driver must admit fault or liability for this accident**
3. **Do not answer communications about this Accident, but send them to The Insurers for consideration**
4. **All questions on this form must be answered.**
5. **Repairs must not be authorized without prior authority of the insurers.**
6. **Driver's license, National ID, Police Abstract and logbook/Sale Agreement must be attached.**

Insurers Claim No. \_\_\_\_\_

Brokers Ref No. \_\_\_\_\_

<b><u>POLICY HOLDER</u></b>	Name. _____ Tel: No. _____ Address. _____ Business/Occupation _____
<b><u>POLICY</u></b>	Policy Number _____ Expiry date: _____ Name of hire purchase or finance Company _____ _____
<b><u>VEHICLE</u></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><u>USE</u></b>	State the exact purpose for which the vehicle was being used at the time of the accident _____ _____ _____ _____
<b><u>COMMERCIAL VEHICLES</u></b>	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 \_\_\_\_\_ Actual 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 any way to blame for the accident? \_\_\_\_\_ Did he admit liability? \_\_\_\_\_

Has he had any previous accidents? \_\_\_\_\_ If so, how many and approximate dates \_\_\_\_\_

Has he had any previous accidents? \_\_\_\_\_ If so, how many and approximate dates \_\_\_\_\_

Has he any conviction for any offence in connection with any motor vehicle or any charges pending? \_\_\_\_\_

If so, give details including dates \_\_\_\_\_

Does he hold a full or provisional license to drive this vehicle? \_\_\_\_\_

If full, state date when driving test first passed \_\_\_\_\_

Does he own a motor vehicle? \_\_\_\_\_ Number \_\_\_\_\_

\_\_\_\_\_ If so, give name and address of insurer

\_\_\_\_\_ Driver's Policy No. \_\_\_\_\_

**ACCIDENT**

Date \_\_\_\_\_ Time a.m./p.m. 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 number and station \_\_\_\_\_

To which Police Station was the accident reported? \_\_\_\_\_

Attach copy Notice of Intended Prosecution if any

**DAMAGE TO  
INSURED  
VEHICLE**

State briefly apparent damages \_\_\_\_\_

(In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Insurers the estimate for repair).

Repairers name and address \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

Is the vehicle still in use? \_\_\_\_\_ when and where can 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 driver \_\_\_\_\_

<b><u>PERSONS INJURED</u></b>	Name and Address	Relationship to the Policy Holder	If Driver or Passenger Reg. No. of Vehicle	Apparent injuries

<b><u>INDEPENDENT WITNESS</u></b>	Name	Address

<b><u>PASSENGERS IN YOUR VEHICLE</u></b>	Name	Address

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

Date \_\_\_\_\_ Signature of Policyholder \_\_\_\_\_

### **SKETCH PLAN OF ACCIDENT**

Draw 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, skid marks, pedestrian crossing and any other relevant information.



