



**The Monarch
Insurance**

A friend for life.

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.**

Insurers Claim No.: _____

Brokers Ref No.: _____

<u>POLICY HOLDER</u>	Name. _____ Tel: No. _____ Address. _____ Business/Occupation _____
<u>POLICY</u>	Policy Number _____ Expiry date: _____ Name of hire purchase or finance Company _____ _____
<u>VEHICLE</u>	Make & Model _____ HP / CC _____ Year of manufacture _____ Reg. No. of vehicle _____ Carrying capacity _____ Reg. No. of Trailer _____ Carrying capacity _____ Name and address of owner _____ _____
<u>USE</u>	State the exact purpose for which the vehicle was being used at the time of the accident _____ _____ _____ _____ _____
<u>COMMERCIAL VEHICLES</u>	Description of goods being carried _____ _____ Name of Owner of goods _____ was trailer attached _____ Weight of load on (a) vehicle _____ (b) Trailer(s) _____

<u>DRIVER</u>	<p>Name _____ Occupation _____ Actual Date of birth _____</p> <p>Address _____ 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 Vehicles? _____</p> <p>Was he in any way to blame for the accident? _____ Did he admit liability? _____</p> <p>Has he had any previous accidents? _____ If so, how many and approximate dates _____</p> <p>Has he had any previous accidents? _____ If so, how many and approximate dates _____</p> <p>_____</p> <p>Has he any conviction for any offence in connection with any motor vehicle or any charges pending? _____</p> <p>If so, give details including dates _____</p> <p>_____</p> <p>Does he hold a full or provisional license to drive this vehicle? _____</p> <p>If full, state date when driving test first passed _____</p> <p>Does he own a motor vehicle? _____ Number _____</p> <p>_____ If so, give name and address of insurer</p> <p>_____ Driver's Policy No. _____</p>
<u>ACCIDENT</u>	<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>_____</p> <p>To which Police Station was the accident reported? _____</p> <p>Attach copy Notice of Intended Prosecution if any _____</p>
<u>SKETCH PLAN OF ACCIDENT</u>	<p>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.</p>

<p><u>STATEMENT BY DRIVER</u></p>	<p>Date: _____ Signature of Driver _____</p>																																															
<p><u>STATEMENT BY OWNER OR POLICY HOLDER</u></p>																																																
<p><u>DAMAGE TO INSURED VEHICLE</u></p>	<p>State briefly apparent damages _____</p> <p>_____</p> <p>(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).</p> <p>Repairers name and address _____</p> <p>_____ Tel. No. _____</p> <p>Is the vehicle still in use? _____ when and where can be inspected _____</p>																																															
<p><u>OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name and address of owner</th> <th style="width: 10%;">Reg. No.</th> <th style="width: 30%;">Name of Insurer</th> <th style="width: 30%;">Other property damaged</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Name and address of driver _____</p>				Name and address of owner	Reg. No.	Name of Insurer	Other property damaged																																								
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<u>PERSONS INJURED</u>	Name and Address	Relationship to the Policy Holder	If Driver or Passenger Reg. No. of Vehicle	Apparent injuries

<u>INDEPENDENT WITNESS</u>	Name	Address

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

	<p>I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) and correspondence relating to this accident.</p> <p>Date _____ Signature of Policyholder _____</p>
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