

MOTOR CLAIM FORM

Claim No.....



**INTRA AFRICA
ASSURANCE
COMPANY LIMITED**
(INCORPORATED IN KENYA)

THE CENTRE POINT BRANCH 2ND FLOOR
PARKLANDS ROAD
NEXT TO ENGEN PETROL STATION
P.O. BOX 49884-00100, NAIROBI, KENYA
TEL: 3743991/955 FAX 3743460
Email: branchinfo@intraafricaass.co.ke

INSURED

Name..... Tel: Office..... ID No.....
Postal Address..... EMAIL:.....
Residential Address.....
Occupation..... PIN No.:

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please answer All Questions FULLY. It will avoid unnecessary correspondence and consequent delay in
the settlement of Claim.

| FOR OFFICIAL USE | |
|------------------|--------------|
| POLICY No. | Log Book No. |
| COVER | Excess |
| Insured Value | |
| Period From | To: |

PARTICULARS OF VEHICLE CONCERNED IN ACCIDENT

| VEHICLE | Registered Letters and Number | Current Policy No. and Renewal No. | For what purpose was Vehicle being used? |
|-------------|----------------------------------|---------------------------------------|---|
| MAKE | | | |
| YEAR OF MFG | | | |

Was the Vehicle in a safe and roadworthy condition?.....
If you own more than one Motor Vehicle, how many were in use at the same time?.....
If a Motor Cycle: (1) Was a Trailer attached?.....
(2) Was a Sidecar attached?.....
(3) Was a Pillion Rider carried?.....

IF A COMMERCIAL VEHICLE

State nature of goods carried.....
Was the Vehicle loaded to capacity?.....
What was the weight of goods carried?.....
Was the Vehicle plying for hire?.....

The person driving at the time of accident:

(a) Full name of the person (a)?..... ID No.:
(b) Address (b).....
(c) His Age and Occupation..... Relation to Insured.....
(d) Particulars of Driving Licence
1. Licence No 2. Date and Place of Issue of Original
3. Date of Expiry 4. Renewal No.....
5. Valid up to 6. Type of Licence.....

Has it been endorsed? if so, give particulars.....
Has Driver previously been involved in an Accident?.....
If paid Driver, how long has he been in your employment?.....
Have the Police charged the Driver, and if so why?.....

OTHER INSURANCE

Is there any other Policy indemnifying you or the Driver in respect of this accident.....

WITNESSES It is most important that Names and addresses of all independent Witnesses of an Accident should be obtained whether the Driver considers himself to blame or not.

Give names and Addresses of all witnesses of Accident:-

Passenger
in Car {
.....
.....

Independent
Witnesses {
.....
.....

If Witnesses names not taken, give reason.....

Did a Police Constable witness Accident or take particulars?.....

Was Accident reported to Police, state name of Police Station.....

Was any statement, as to fault, made by witnesses or Drivers at Time?

PARTICULARS OF DAMAGE TO THIRD PARTY'S VEHICLE

Name.....

Address.....

Full extent Damage to Vehicle Reg. No..... Make.....

Has Notice of any Claim been given to you?.....

Please despatch to the Company forthwith and unanswerd any written Communications which may have been received.

PARTICULARS OF INJURY TO OCCUPANTS OF THIRD PARTY VEHICLE OR PADESTRIAN

Name.....

Address.....

Full extent of apparent injuries.....

Has Notice of any claim been given to you?.....

If any injured person has been removed to a Hospital or Medically attended give name and address of the Hospital or Doctor.....

PARTICULARS OF INJURY TO DTIVER OR OCCUPANTS IN INSURED'S VEHICLE

Was any injury sustained by you Driver or Occupants of your Motor Vehicle?

Persons injured

| Name and Address | Relationship to the Insured | If Driver or Passenger Reg No. of vehicle | Apparent injuries |
|------------------|-----------------------------|---|-------------------|
| | | | |
| | | | |
| | | | |

Full Particulars of Damage.....

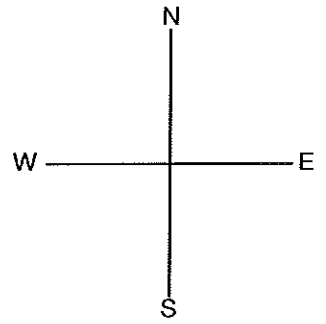
Estimated cost of Repairs..... Address where damaged Vehicle may be inspected.....

Repairs should be requested to forward Estimates to the company immediately for verification.

Did the accident cause damage to property or livestock? If so give name and address of the owner stating nature and extent of damage.

.....
.....
.....

THIS SPACE IS RESERVED FOR ROUGH SKETCH OF SCENE OF ACCIDENT



I/We the above named, do hereby, to the best of my knowlegde and belief, warrant the truth of the foregoing statement in every respect: and/we agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement or any supression or concealment the Policy shall be void and all rights to recover thereunder in respect of past of future accidents shall be forfeited.

Date..... Insured's Signature.....