



SAHAM
Assurance

Saham Assurance Company Kenya Ltd

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Motor Accident Report Form

IMPORTANT NOTICE

1. No liability is admitted by issue of this form.
2. Neither owner nor driver may admit fault of Liability for this accident.
3. Do not answer Communications about this Accident. Direct these to the Insurance Company for Action.
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the Insurance Company.

Insurers

Claim No. _____

Brokers

Ref. No. _____

Insured	Name _____ Tel. No. _____ Address _____ Email _____ Business/Occupation _____
Policy	Number _____ Expiry date _____ Name and hire purchase or finance company _____
Vehicle	Make & Model _____ HP/CC _____ Reg. No. of vehicle _____ Carrying Capacity _____ Reg. No. of Trailer _____ Carrying Capacity _____ Name and Address of Owner _____
Use	State the exact purpose for which the Vehicle was being used at the time of accident _____ _____
Commercial Vehicles	Description of goods being carried _____ Name of owner of goods _____ 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 driving motor vehicles? _____ Was he driving with your permission? _____ How long has he been in your service? _____ Was he in any way to blame for the accident? _____ Did he admit liability? _____ Has he has any previous accidents? _____ If so, how many and approximate date? _____ _____ Has he any conviction for any offence in connection with any motor vehicle or any charges pending? _____ If so, details including dates _____ Does he hold a full or provisional licence to drive this vehicle? _____ If full, state date when driving test first passed _____ Number _____ Does he own a Motor Vehicle? _____ If so, give name and address of Insurer _____ _____ Driver's Policy No _____
Accident	Date _____ Time _____ a.m./p.m. Place _____ What of Road Surface _____ Visibility _____ Wet or Dry? _____ What lights were showing on your vehicle? _____ What warning did your driver give? _____ Estimate 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 of Notification of Prosecution if any. _____

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 skidmarks, pedestrian crossings and any other information.
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Statement by Driver	Signature of Driver _____
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Statement by Owner or Insured	
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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 company and estimate for repairs). Repairer's name and address _____ _____ Tel. No. _____ Is the vehicle still in use? _____ When and where can it be inspected? _____
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other

<input type="checkbox"/> Our Vehicle involved and Property Damaged	Name and address of owner	Reg. No.	Name of Insurer	Other Property damaged

Name and address of driver _____

Persons Injured	Name and address	Relationship To the insured	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 correct and undertake to forward immediately.
 (and answered) any correspondence relating to this accident.
 Date _____ Signature of Insured _____