

Saham Assurance Company Kenya Ltd 16<sup>th</sup> Floor, Ecobank Towers, Muindi Mbingu Street P.O. Box 20680-00200, Nairobi, Kenya Tel: +254 020 2243681/2, 2219486, 2218244

Fax: +254 - 020 - 2215528

E-mail: headoffice-kenya@sahamassurance.com Web: www.sahamassurance.co.ke

IMPORTANT NOTICE  1. No liability is admitted by issue of this form.  2. Repairs must not be authorised without prior authority from the Company.			Claim I Brokers	Insurers Claim No. Brokers Ref. No.	
Insured	Address	Policy No Tel. No			
Particulars of Vehicle	Make	Cubic Capacity	Reg. No.	Year	
	For what purpose was vehicle being used at time of occurrence?				
Driver	Name Address  Licence No How long has driver held licence?  Was he/she driving with your authority?				
Particulars of Damage	Have you obtained estimates for repairs? If so, please enclose Where can vehicle be inspected?				
Details of Accident	Date Time a.m./p.m. Location  Please give full information as to how the accident occurred?				
	I/We hereby declare the foregoing particulars and statement to be true in every respect.				
	Signature	[	Date		