OCCIDENTAL INSURANCE COMPANY LIMITED
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Motor Insurance Claim Form

Agency:_____Claim No:_____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
Please in no case admit your fault or make any payment without the written authority of the Company.
Answer ALL questions FULLY. It will avoid unnecessary correspondence and consequent delay in the settlement of the claim

1. Name of Insured:_____ Policy Number:_____
2. Period of Insurance: From _____ To_____ Occupation_____
3. Email Address_____Mobile No. _____Postal Address_____
4. Have you paid the premium under this Policy ?_____

5. The Insured Vehicle

(a) Reg No _____ (b) Make _____(c) Cubic Capacity_____

(d) Year of Manufacture _____ (e) Sum Insured _____

(f) Registered Owner_____ (g) State whether new or secondhand_____

(h) State the purpose for which it was being used at the time of accident _____

(i) Was it in proper order and condition at that time ? _____

(j) Mileage at time of accident / theft / fire _____

(k) Was the vehicle being used with your knowledge and consent ?_____

(l) If the claim is in respect to motor cycle state whether a Pillion Passenger was being carried at the time of accident

_____

(m) If the claim is in respect of a lorry state:

1. Whether a trailer was hauled _____ If trailer hauled: Trailer Reg No. _____
2. Give description of goods carried at the time of accident _____
3. The weight of the load carried at the time of accident _____
4. Name of the owner of goods _____

(n) Is the vehicle your own property ? _____
If not who else is interested in this vehicle and how ? _____

6. The Person Driving at the Time of Accident:

(a) Full Name of the person _____ (b) Mobile No. _____

(c) His Age and Occupation _____ Relation to Insured _____

(d) Particulars of driving License

1. License No. _____ 4. Renewal No _____
2. Date and place of issue _____ 5. Valid up to _____
3. Date of Expiry _____ 6. Type of License _____

(e)Is he your permanent paid driver ? If so since when ? _____

(f)Has Driver's license ever been endorsed or suspended ? _____

(g)State Whether: 1.The driver ever been prosecuted for driving offenses _____
If so, give details _____

2.The driver has been involved in any accidents previously _____
If so, give details _____

3.Has the driver ever been refused motor insurance or continuance thereof ? _____

(h)How long has he been driving motor vehicles ? _____

(i) Has the driver any motor insurance of his own ? (If so name of the insurers and details of the vehicle):

_____

(j) Was he sober _____

IMPORTANT: KINDLY ATTACH COPY OF DRIVER'S LICENSE

7. The Accident (Damage, Fire , Theft) :

(a) Date of Occurrence _____ (b) Time _____

(c) Place (State, Road or Town) _____

(d) Were you in this vehicle ? _____ (e) If not, when was it reported to you?_____

(f) On what side of the Street or Road was your vehicle and how far from the kerb ? _____

(g) What was the width of the street or road ? _____

(h) At what speed was it being driven at the time of accident ? _____

(I) To which police station was the accident reported? _____

ATTACH ORIGINAL POLICE ABSTRACT

(j) In case of theft please state: (I) Was the vehicle properly locked ? _____

(II) In case of theft with anti-theft devices such as burglar alarms, steering-lock, etc ? _____

(III) If so give details of such devices _____

(k) Statement by driver on how accident happened _____

_____

_____

_____

_____

_____

(l) Please draw a rough sketch of plan of the scene of the accident

(m) Statement by Insured if not driver

_____

_____

_____

8. The Damage

(a) Give the details the extend of all damage to the insured vehicle directly due to the accident :

_____

_____

_____

_____

(b) Estimated cost of repairs Kshs. _____

(c) Where can the vehicle be inspected ? _____Email Address: _____

(d) Have you given instructions for repairs to be carried out ? If so, to whom (Name and Address): _____

(e) Have you instructed them to send an estimate to the Company immediately ? _____

NB: If Possible an estimate of repairs should be attached to this form and in any event it must be sent to the company without undue delay

9. Other Vehicles involved

	Vehicle Registration Number	Name and Mobile No. of the driver	Name of Insurer	Certificate of Insurance Number	Nature Of Damages
1					
2					
3					
4					
5					

10. Persons Injured in other vehicle or pedestrians

	Name	Passenger/ Pedestrian.	If Passenger, Reg No of Vehicle.	Nature of Injuries.	Hospital Taken To.
1					
2					
3					
4					
5					

11. Passengers in your vehicle

	Name	Relationship to Insured	Injured(Yes/No)	Mobile No	Hospital Taken To
1					
2					
3					
4					
5					

12.Independent witnesses

	Name	Mobile No.	Email
1			
2			
3			
4			
5			

13.Has any claim been made upon you by third party ? If so give details and attach the information

NOTE : ANY NOTICE, WRITTING OR SUMMONS RECEIVED FROM THIRD PARTY MUST BE IMMEDIATELY SENT TO THE COMPANY AT THE FOREGOING ADDRESS

(b) If Accident was caused by the fault of any Third Party, give name and address of such person/s

_____

_____

_____

(c) Was the matter reported to the Police? If so, give name of the Police Station and date _____

_____ Ref No. (If Available) _____

(d) What action if any was taken by the Police or any other authority ? _____

_____

(e) Have you lodged a claim under this and / or any Motor Vehicle Policy. _____

If so give particulars _____

_____

_____

I / We the above named, do hereby; to the best of my/ our knowledge and belief, warrant the truth of the foregoing statements In every respect and I/ We agree that if I/ We have made further declaration the Company require in respect of the said Accident, shall make any false or fraudulent statements, or any suppression or concealment the policy shall be void and all Rights of recovery thereunder in respect of past or future accidents shall be forfeited.

Date _____

Witness _____

Full Name _____

Address of Witness _____

_____

Signature of the Insured

Where necessary, the stamp of the insured must be affixed to the form, duly signed and dated.