

9. (a) Has any claim been made upon you by any Third Party? If so, give details and attach the information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: ANY NOTICE, WRITE OR SUMMONS RECEIVED FROM THE 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) How many persons were in the vehicle at time of the accident: \_\_\_\_\_

(d) Give the following particulars about all witness to the accident:

Name	Address	Whether being Conveyed in the Vehicle or not

(e) Was the matter reported to the Police? If so, give name of the Police Station and date: \_\_\_\_\_

\_\_\_\_\_ Ref No: (If available) \_\_\_\_\_

(f) What action, if any, has been or is being taken by the Police or any other authority? \_\_\_\_\_

\_\_\_\_\_

(g) Give particulars of other insurance on the vehicle, if any \_\_\_\_\_

\_\_\_\_\_

(h) Have you paid the premium under this Policy? \_\_\_\_\_

(I) Whether you have ever before lodged a claim under this Policy 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 Insured's stamp must be



**OCCIDENTAL INSURANCE COMPANY LIMITED**

Crescent Business Centre, 7th Floor, Parklands Road, Parklands,

P.O. Box 39459-00623, Nairobi, Kenya,

Tel: 0709-896000, 020-2362602, 0734-600485

E-Mail: enquiries@occidental-ins.com

Website: www.occidental-ins.com

**MOTOR 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 No. \_\_\_\_\_

2. Address \_\_\_\_\_ P O Box No. \_\_\_\_\_  
(Plot No - Street Name)

3. Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

**4. The Insured Vehicle:**

(a) Make \_\_\_\_\_ (b) Cubic Capacity \_\_\_\_\_ (c) Registration No \_\_\_\_\_

(d) Price paid by the Insured \_\_\_\_\_ (e) Year of manufacture \_\_\_\_\_

(f) Date of Purchase \_\_\_\_\_ (g) State of whether New or Secondhand \_\_\_\_\_

(h) State 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 \_\_\_\_\_

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? \_\_\_\_\_

**5. The person driving at the time of accident:**

(a) Full name of the person \_\_\_\_\_ (b) Address \_\_\_\_\_

(c) His Age and Occupation \_\_\_\_\_ Relation to Insured \_\_\_\_\_

(d) Particulars of driving Licence:

1. Licence No. \_\_\_\_\_ 4. Renewal No. \_\_\_\_\_

2. Date and place of issue \_\_\_\_\_ 5. Valid up to \_\_\_\_\_

3. Date of expiry \_\_\_\_\_ 6. Type of Licence \_\_\_\_\_

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

(f) Has Driver's licence ever been endorsed or suspended? \_\_\_\_\_

If so, give full details with dates \_\_\_\_\_

(g) State whether: (1) The driver has ever been prosecuted for driving offences \_\_\_\_\_

If so, give details \_\_\_\_\_

(2) The driver has been involved in any accidents previously \_\_\_\_\_

If so, give details \_\_\_\_\_

5. (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 other motor insurance of his own? (If so state name of the insurers and details of the vehicle):  
\_\_\_\_\_
- (j) Was he sober \_\_\_\_\_ **IMPORTANT: Kindly attach driver's licence**

**6. The Accident (Damage, Fire, Theft):**

- (a) Date of Occurrence \_\_\_\_\_ (b) Time \_\_\_\_\_
- (c) Place (State or Road and Town) \_\_\_\_\_
- (d) Were you in the 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 the accident? \_\_\_\_\_
- (I) At what speed was it being driven at the time of the accident? \_\_\_\_\_
- (j) In case of theft please state: (I) Was the vehicle properly locked? \_\_\_\_\_  
(ii) Is it fitted with anti-theft devices such as burglar alarms, steering-lock, etc? \_\_\_\_\_  
If so give details of such devices \_\_\_\_\_
- (k) Please give details of the nature and cause of the Accident /Theft /Fire:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (l) Please draw a rough sketch plan of the scene of the accident

**7. 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? \_\_\_\_\_
- 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 even it must be sent to the company without undue delay**

**8. The Result**

- (a) Has the accident caused any injury to any person or persons? \_\_\_\_\_  
If so, give the following particulars:-

Name	Address	Occupation	Nature	Whether being Conveyed in the Vehicle or not

- (b) If any injured has been removed to a Hospital or medically attended, give name and address of Hospital or Doctor  
\_\_\_\_\_  
\_\_\_\_\_
- (c) Did the accident cause damage to Third Party vehicle or other property or livestock? If so, Give name and address of the owner stating nature and extent of damage  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_