



## Use

State the exact purpose for which the vehicle was being used at the time of the accident

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## Commercial Vehicles

Description of goods being carried \_\_\_\_\_

Name of owner of goods \_\_\_\_\_

Was a trailer attached? \_\_\_\_\_

Weight of load on (a) Vehicle \_\_\_\_\_ (b) Trailer(s) \_\_\_\_\_

## Drivers' Details (even if it is the insured)

Name \_\_\_\_\_

First

Middle

Last

Occupation \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Tel No. \_\_\_\_\_

Is he/she employed by you? Yes  No

How long has he/she been in your service? \_\_\_\_\_

Was he/she driving with your permission? Yes  No

How long has he/she been driving motor vehicles? \_\_\_\_\_

Was he/she in any way to blame for the accident? Yes  No

Did he/she admit liability? Yes  No

Has he/she had any previous accidents? Yes  No

If so, how many, an approximate date? \_\_\_\_\_

Has he any conviction for any offence in connection with any motor vehicle or any charges pending? Yes  No

If so, give details including dates \_\_\_\_\_

Does he/she hold a full or provisional licence to drive this vehicle? Full  Provisional

If full, state date when driving test first passed \_\_\_\_\_

Number \_\_\_\_\_

Does he/she own a Motor Vehicle? Yes  No

If so, give name and address of Insurer \_\_\_\_\_

Driver's Policy No. \_\_\_\_\_

## Accident

Date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

Place \_\_\_\_\_

Type of Road Surface \_\_\_\_\_

Visibility \_\_\_\_\_ Wet or Dry? \_\_\_\_\_

What lights were showing on your vehicle? \_\_\_\_\_

What warning did your driver give? \_\_\_\_\_

Estimated speed before accident \_\_\_\_\_

Weather condition \_\_\_\_\_

Did Police take particulars? \_\_\_\_\_

If so, give Constable's number and station \_\_\_\_\_

To which Police Station was the accident reported? \_\_\_\_\_

Attach copy notice of intended 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, skid marks, pedestrian crossings and any other relevant information.

## Statement By Driver

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Signature of Driver \_\_\_\_\_

## 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 AN ESTIMATE FOR REPAIRS).**

Repairers name and address \_\_\_\_\_

Tel No. \_\_\_\_\_ Is the vehicle still in use? Yes  No

When and where can it be inspected? \_\_\_\_\_

## Other Vehicles Involved

Name and address of owner	Reg. No.	Name of Insurer

## Damaged Property

Name and address of owner	Property damaged

## Persons Injured

Name and address	Relationship	If Driver or passenger to the insured	Apparent injuries Reg. No. of vehicle

## 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 \_\_\_\_\_ Name \_\_\_\_\_

Signature of Insured \_\_\_\_\_  
(and Stamp)

### UAP Insurance Company Limited

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