



**The Monarch
Insurance**

A friend for life.

The Monarch Insurance Company Limited

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P.O. Box 90585 80100 Mombasa Tel: 2218248 Fax: 2218247

MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

1. **No liability under the policy is admitted by Issue of this Form**
2. **Neither Owner nor driver must admit fault or liability for this accident**
3. **Do not answer communications about this Accident, but send them to
The Insurers for consideration**
4. **All questions on this form must be answered.**
5. **Repairs must not be authorized without prior authority of the insurers.**

Insurers Claim No. _____

Brokers Ref No. _____

<u>POLICY HOLDER</u>	Name. _____ Tel: No. _____ Address. _____ Business/Occupation _____
<u>POLICY</u>	Policy Number _____ Expiry date: _____ Name of hire purchase or finance Company _____ _____
<u>VEHICLE</u>	Make & Model _____ HP / CC _____ Year of manufacture _____ Reg. No. of vehicle _____ Carrying capacity _____ Reg. No. of Trailer _____ Carrying capacity _____ Name and address of owner _____ _____
<u>USE</u>	State the exact purpose for which the vehicle was being used at the time of the accident _____ _____ _____ _____
<u>COMMERCIAL VEHICLES</u>	Description of goods being carried _____ _____ Name of Owner of goods _____ was trailer attached _____ Weight of load on (a) vehicle _____ (b) Trailer(s) _____

DRIVER

Name _____ Occupation _____ Actual Date of birth _____

Address _____ Tel. No. _____

Is he employed by you? _____ How long has he been in your service? _____

Was he driving with your permission? _____ How long has he been driving Motor Vehicles? _____

Was he in any way to blame for the accident? _____ Did he admit liability? _____

Has he had any previous accidents? _____ If so, how many and approximate dates _____

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Has he any conviction for any offence in connection with any motor vehicle or any charges pending? _____

If so, give details including dates _____

Does he hold a full or provisional license to drive this vehicle? _____

If full, state date when driving test first passed _____

Does he own a motor vehicle? _____ Number _____

_____ 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 conditions _____

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

SKETCH 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 crossing and any other relevant information.

**STATEMENT
BY DRIVER**

Date: _____ Signature of Driver _____

**STATEMENT BY
OWNER OR
POLICY
HOLDER**

**DAMAGE TO
INSURED
VEHICLE**

State briefly apparent damages _____

(In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Insurers the estimate for repair).

Repairers name and address _____

_____ Tel. No. _____

Is the vehicle still in use? _____ when and where can be inspected _____

**OTHER
VEHICLES
INVOLVED
AND
PROPERTY
DAMAGED**

Name and address of owner	Reg. No.	Name of Insurer	Other property damaged

Name and address of driver _____

