

HEAD OFFICE:
 Upper Hill Close,
 P. O. Box 46666 - 00100, Nairobi
 Tel: 020 - 2844000 / 0709 922 000
 Emergency Line: 0715 992 952

Email: gibclaimsdepartment@madison.co.ke
 Web: www.madison.co.ke
 Dial *828# and select pay premium
 MPESA Paybill: 880928

MOTOR ACCIDENT CLAIM FORM

(All questions in this form must be answered in block letters and in the claimant's own handwriting or to his dictation)

AGENCY: _____ **TELEPHONE:** _____ **E-MAIL:** _____

POLICY NUMBER:

SECTION 1: INSURED

Full name of insured: _____

Postal Address: _____ Code: _____ Town: _____

Telephone number: _____ * Cellphone Number: _____

* E-mail Address: _____

Business Occupation: _____

SECTION 2: DRIVER'S DETAILS (even if the insured)

Name: _____

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

Had he/she had any previous accidents? Yes No

If so, how many, an appropriate date? _____

Has he/she had 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 driving licence to drive this vehicle? Full Provisional

If full, when was driving test first passed _____

Driving Licence Number _____ Is it a duplicate or original? _____

Does he/she own a motor vehicle? Yes No

If so, give name and address of Insurer. _____

Driver's Policy Number _____

SECTION 4: OWNERSHIP

Is the Insured the registered owner?

If "No", supply owners name _____

Do you provide the vehicle to any person or firm? _____

if 'yes' give details _____

Financial interest

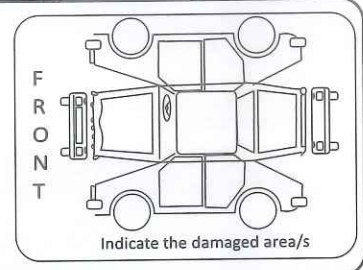
SECTION 5: INSURED VEHICLE

Make _____ Model _____ Year Made _____

Registered No. of vehicle _____ Carrying Capacity _____

CC. _____

Name and Address of owner: _____



SECTION 6: USE

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

SECTION 7: DESCRIPTION OF ACCIDENT

Date of accident: _____ Time: _____ Am/Pm _____ Place: _____

Name of the street traveling on: _____

If at intersection, name of intersecting street(s) _____ Town or City: _____

Is there a : Stop sign: Yes No OF Give way sign: Yes No Or any other traffic Lights _____

Type of mode of surface (wet or Dry) _____ Visibility _____

What warning did you give? _____ Estimated speed before accident _____ Km/h

Did Police take particulars? _____ If so, give Constable's number and station _____

To which Police station was the accident reported? _____

Attach copy of notice of intended prosecution if any

Give the name and the telephone of the recovery and/or towing firm if any.

Name: _____ Telephone: _____ Amount: _____

Attach photograph of the damaged motor vehicle at the scene of the accident or send the to whatsapp number 0715 992 952

SECTION 8: LIABILITY

Who was at fault and why? _____

SECTION 9: DRIVER'S STATEMENT

Large rectangular box with horizontal lines for writing the driver's statement.

Driver's Signature: _____

SECTION 10: SKETCH PLAN

Please show clearly in the space provided.

- Direction traveling and where each vehicle was prior to accident
- Point of impact-mark "x"
- Names of all streets, and location of any Traffic lights, "Stop" or "Give Way" signs

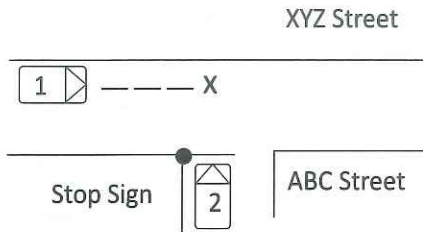
Your vehicle



Other vehicle



EXAMPLE



SECTION 10: STATEMENT BY OWNER OR INSURED

SECTION 11: 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). _____ Repairer's name and address _____

_____ Tel. No. _____

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

SECTION 12: OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

Name and Address of owner	Registration Number	Policy Number	Certificate Number	Extent of damages

SECTION 13: PERSONS INJURED

Name and Address	Relationship to Injured	If driver or passenger registration No. of vehicle	Apparent Injuries

SECTION 14: INDEPENDENT WITNESSES

Name	Address	Telephone

SECTION 15: PASSENGERS IN YOUR VEHICLE

Name	Address	Telephone

DECLARATION

I/WE hereby declare that the whole of the statement made by me/us in this form of claim are in every respect true and I/WE agree that if I/We made any false or untrue statement(s) or if there be any suppression of concealment of any material fact my/our right to recover under the policy shall be absolutely forfeited.

Signed by the Insured:-

Date: _____ Signature: _____ Rubber stamp: _____
(if corporate)