

## CLAIM FORM - MOTOR

### IMPORTANT NOTICE

1. No liability is admitted by issue of this form
2. Neither owner nor driver may admit fault or liability for the accident.
3. Do not answer communications about this Accident. Direct these to the insurance Company for Action
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the insurance company MOTOR ACCIDENT

### SECTION A: PERSONAL / CORPORATE DETAILS

Insured/Client Name \_\_\_\_\_ Tel No.: \_\_\_\_\_

Address \_\_\_\_\_

Business / Occupation \_\_\_\_\_

Email \_\_\_\_\_ Fax No.: \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiry date \_\_\_\_\_


Name of hire purchase or finance company \_\_\_\_\_

### SECTION B: TECHNICAL DETAILS

VEHICLE	Make & Model _____	HP / CC _____	
	Reg. No. of vehicle _____	Carrying Capacity _____	
	Reg. No. of trailer _____	Carrying Capacity _____	
	Name and Address of Owner _____		

### SECTION C: ACCIDENT DETAILS

DAMAGE TO INSURED VEHICLE	<p>State briefly apparent damage _____</p> <p>(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).</p> <p>Repairer's name and address _____</p> <p>Tel. No. _____: Is the vehicle still in use _____</p> <p>When and where can it be inspected? _____</p>
OTHER VEHICLES INVOLVED	<p>Name and address of driver _____</p> <p>Reg. No. _____</p> <p>Name of Insurer _____</p>
AND DAMAGED	Other property damaged _____
PERSONS INJURED	<p>Name and address _____</p> <p>Relationship to the Insured _____</p> <p>If Driver or Passenger Reg. No. of vehicle _____</p> <p>Apparent injuries _____</p>



INDEPENDENT Name \_\_\_\_\_

WITNESSES Address \_\_\_\_\_

PASSENGERS Name \_\_\_\_\_ Tel. No.: \_\_\_\_\_

IN YOUR Address \_\_\_\_\_

VEHICLE

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

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

VEHICLES Name of owner of goods \_\_\_\_\_ Was a trailer attached? \_\_\_\_\_

Weight of load on (a) Vehicle \_\_\_\_\_

(b) Trailer(s) \_\_\_\_\_

DRIVER Name \_\_\_\_\_ Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Is he/she employed by you? How long has he been in your service? \_\_\_\_\_

Was he/she in any way to blame for the accident? \_\_\_\_\_ Did he/she admit liability? \_\_\_\_\_

Has he/she had any previous accidents? \_\_\_\_\_ If so, how many and approximate dates? \_\_\_\_\_

Does he/she any conviction for any offence in connection with any motor vehicle or any charges

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

Does he/she hold a full or provisional licence to drive this vehicle? \_\_\_\_\_

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

Does he/she own a Motor Vehicle? \_\_\_\_\_

If so, give name and address or 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? \_\_\_\_\_

Estimated speed before accident \_\_\_\_\_ weather conditions \_\_\_\_\_

Did the police take particulars \_\_\_\_\_ if so, give constable's number station \_\_\_\_\_

To which police station was the accident reported? \_\_\_\_\_

Please attach a copies of the following:

-Drivers license

-Police Abstract 

-Garage quotation (If any)

-Intended prosecution if any

[Add File](#)[View File](#)PLAN OF  
ACCIDENT

Draw sketch/Attach (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.

[Add File](#)[View File](#)



**i. Privacy Statement**

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants).

You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes including across border transfer

For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office or visit our website [www.aig.com](http://www.aig.com).

**ii. Declaration**

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

***I/We hereby acknowledge and accept the contents of the statements i-ii above***

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(If Corporate)**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation \_\_\_\_\_

Company Stamp:





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AIG, Eden Square Complex, Chiromo Road, P.O. Box 49460 - 00100 Nairobi, Kenya  
Tel: 020 - 3676000 / 3751800 / 3002184 / 5, Fax: 020 - 3676001 / 2  
E-Mail: [aigkenya@aig.com](mailto:aigkenya@aig.com)  
[www.aig.com](http://www.aig.com)

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