PACIS
INSURANCE COMPANY LTD
For Comfort & Peace in Life

HEAD OFFICE: Pacis Centre, 4th Floor Along Waiyaki Way
P.O. Box 1870 - 00200, Nairobi,
Tel: +254 20 4247000 / 4912000
Cell: +254 730 677000 / 0720 113 122 info@paciskenya.com pacisinsurance.com

MOTOR ACCIDENT REPORT FORM

Insurer's Claim No. Broker Ref. No.

IMPORTANT NOTICE

Please attach the following documents:

- A copy of the insured's or drivers driving license
- The police abstract.
- Any other relevant documents.

1. No Liability is admitted by issue of this form
2. Neither owner nor driver may admit fault or liability for this Accident
3. Do not answer communications about this Accident. Direct these to the Insurance Company for Action
4. Please let us have an estimate of repair cost
5. Repairs must not be authorized without prior authority of the Insurance Company
6. All questions on this form must be answered

Inaccurate responses will lead to delayed processing of your claim.

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1. INSURED

Name

Mobile No. (Main) Mobile No. (Alternative)

Residential Address

Area

Street/Road LR/Plot No.

P.O. Box Code

Town/City ID / Passport

Email

Business/ Occupation

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2. POLICY

Policy Number

Period of Insurance; From (DD/MM/YYYY) To (DD/MM/YYYY)

Cover Type Comprehensive ☐ TPF&T ☐ TPO ☐

Name of hire purchase or finance company (if any)

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3. VEHICLE

Make & Model Year of Manufacture

Reg. No. of Vehicle Carrying Capacity

Reg. No. of Trailer Capacity

Name of Owner

First Name | Middle Name | Surname

Mobile No. (Main) | Mobile No. (Alternative)

Residential Address of Owner

Area

Street/Road | LR/Plot No.

P.O. Box | Code

Town/City | ID / Passport

Email

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4. USE

State the EXACT PURPOSE for which the vehicle was being used at the time of the accident

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5. COMMERCIAL VEHICLES

Description of goods being carried

Name of owner of goods

First Name | Middle Name | Surname

Was a trailer attached? Yes ☐ No ☐

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

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6. DRIVER'S DETAILS (EVEN IF THE INSURED)

Name of driver

First Name | Middle Name | Surname

Mobile No. (Main) | Mobile No. (Alternative)

Residential Address of Driver

Area

Street/Road | LR/Plot No.

P.O. Box | Code

Town/City | ID / Passport

Email

Is he/she employed by you? Yes ☐ No ☐

How long has he/she been in your service? From (DD/MM/YYYY) To (DD/MM/YYYY)

Was he/she driving with your permission? Yes No

How long has he/she been driving motor vehicles?

From (DD/MM/YYYY) To (DD/MM/YYYY)

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? (Also indicate 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 License to drive this vehicle? Full Provisional

If full, state date when driving test first passed (DD/MM/YYYY)

Mobile No. (main) Mobile No. (alternative

Does he/she own a Motor Vehicle? Yes No

If so, give Name of Insurer

Address of Insurer

Driver's Policy No.

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7. ACCIDENT

Date of Accident (DD/MM/YYYY) Time a.m/p.m

Place / Location

Type of road surface Visibility Wet Dry

What lights were showing on your vehicle?

What warning did your driver give?

Estimated speed before accident Weather condition

Did the Police take particulars Yes No

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)

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8. PLAN OF ACCIDENT

Draw and attach a sketch stating approximate measurements showing position of vehicle and persons concerned and the direction in which they were traveling. Also, show type and position of traffic signs, skid marks, pedestrian crossing and any other information.

9. STATEMENT BY DRIVER

Signature of Driver

10. TATEMENT BY THE OWNER OR INSURED

Signature of The Owner or Insured

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).

Repairers name

Repairers address

Tel. No

Is the vehicle still in use? Yes No

When and where can it be inspected?

12. OTHER VEHICLE(S) INVOLVED

Name and address of owner	Registration Number	Name of Insurer

13. DAMAGED PROPERTY

Name and address of owner	Property Damaged

14. PERSONS INJURED

Name and address	Relationship to the owner	If driver or passenger Registration Number of vehicle	Apparent Injuries

15. INDEPENDENT WITNESSES

Name	Address	Mobile No.	Email

16. PASSENGERS IN YOUR VEHICLE

Name	Address	Mobile No.	Email

DECLARATION

I/We declare that to my/our knowledge that the answers and particulars given in this Claim Form are true and complete and that I/we have not withheld any material information. I/We have also read and understood that this Claim Form and Declaration shall be the basis of the Contract between me/us and PACIS Insurance Company Limited.

DATA PRIVACY

I/ We willingly provide my/ our personal information in this Claim Form and consent its use as prescribed in the Pacis Insurance Data Protection Policy (The policy is available on our website ***www.pacisinsurance.com****) and in accordance with Data Protection Act, 2019.*

Date of Completion of Claim Form (DD/MM/YYYY)

First Name Middle Name Surname

Signature of Insured (and stamp)