# MOTOR INSURANCE CLAIM FORM

Claim No:

Mandatory Documents	Yes	No
Please submit the following mandatory documents to enable timely claim processing. Use the below checklist to confirm the submitted documents		
1. Duly completed Claim form		
2. The insured's/Driver's detailed statement on the accident occurance		
3. Accident scene Photos if available		
4. Original Police abstract		
5. A copy of the driver's license		
6. A copy of the logbook in the insured's names and/or sales agreement if the logbook transfer is still pending		
N/B: The claim can only proceed upon clearance of premium and submission of all the required documents		

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Agency/Broker:

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### **CUSTOMER INFORMATION**

Surname:	Other Names:		
Postal Address:	Code:	Town:	
Policy Number:	Mobile Number:	L F	PIN No:
Email Address:		ID/Passport No:	
Occupation:			
VEHICLE DETAILS			
Registration:	Year:	Make:	Model:
Financier's Name <i>(if applicable)</i> :			
DRIVER DETAILS			
Who was driving at the time of the accid	ent?		
Surname:	Other Names:		
Occupation:		Mobile Number:	
Postal Address:	Code:	Town:	
Date of Birth: DD / MM / YYYY ID/Pa	ssport No:		
Relationship to insured:	PIN	No:	
Driver's License No:	Date Issued:	Gender: Male: 🗍 F	Female:
How long have you been driving?			
Had you consumed any intoxicating lique Yes: No: If yes to any of the above	-	n or other drugs within 6 ho	ours prior to the accident?
If you are not insured, do you have a veh	icle of your own? Yes: 🜙	No: $\cup$ If yes, who is the ins	surer?
Have you ever been convicted in the last or Police enquiry pending? Yes: No:			vehicle, or is any prosecution

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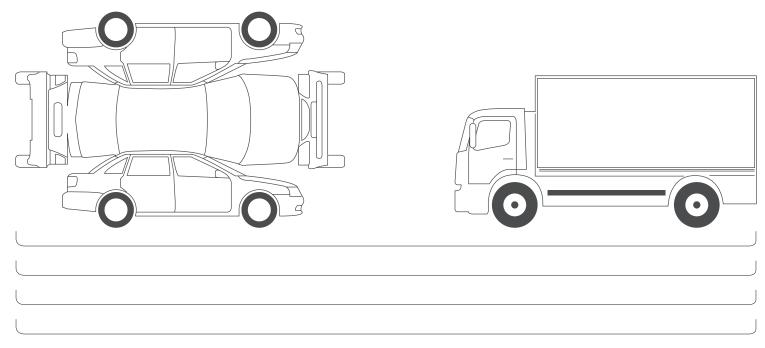
## **ACCIDENT DETAILS**

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What was the Date of the Accident?: DD / M	IM / YYYY Time	am:pm:
Where did the Accident occur? Town:	Road:	
What was your Speed at the time of the Accide	ent in Mph/Kmh?: Wer	e your headlights on?: Yes: 🗌 No: 🗍
What was the Weather Condition at the time o	of the Accident?:	
What warning was given immediatley prior to	the Accident?:	
Where is the Vehicle now?:		
Name of the Repairer/Garage (see list from CIC	panel of garage): Contacts:	
Details of Towing Agency:		
Did the Police witness or attend the Scene of t	he Accident? Yes: 🗌 No: 🗍 If yes, plea	se write the name of the:
Police officer:	Force Number:	
Name of Police Station:	O.B. Number:	
How many Occupants were in your Vehicle?:		
Was the Driver or any Passenger(s) in your Ve above, please give details:	hicle injured as a result of this Acciden	t? Yes: No: If yes to any of the
Name	Nature and Extent of Injuries	Relationship to the Insured

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## Please illustrate damage to your vehicle by indicating an X on the diagram below:



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Give a brief statement describing the extent of damage:	
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Sketch plan of Scene of Accident:	
DRIVER'S STATEMENT:	
PLEASE WRITE AND SIGN A COMPREHENSIVE STATEMENT DETAILING CIRCUMS	TANCES SURROUNDING
REGARDING THE ACCIDENT ON A SEPARATE SHEET OF PAP	YER
Did you admit liability?: Yes: ONO: Signature:	
INSURED'S STATEMENT:	
PLEASE WRITE AND SIGN A COMPREHENSIVE STATEMENT REGARDING ON A SEPARATE SHEET OF PAPER	THE ACCIDENT
Have you ever made any claim or been in an accident in connection with a vehicle in the last please provide full details:	t 5 years?: Yes: No: If yes,
Was the vehicle being driven without your authority or permission? Yes: $igcup$ No: $igcup$ If yes, plo	ease provide full details:
(	J
PERSONAL INJURY TO THIRD PARTIES (if applicable)	
Was anyone else injured as a result of this accident? (Pedestrian or Passenger in the other	vehicle): Yes: No: If ves.
please avail the following details: Name, address, hospital attended, nature and extent of in	njuries:
THIRD PARTY PROPERTY DAMAGE DETAILS (if applicable)	
Was there any third party property damage? Yes: No: Motor Vehicle Yes: No: C If yes, please avail the details (as applicable):	Other properties
Name of Owner:	J

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Name of Driver:		
Postal Address:	Code:	] Town:
Registration No.:	Make:	
Extent of the damage:		
Third party's insurer:	Policy num	nber:
Did the other driver admit liability for the accid	ent? Yes: 🗌 No: 🗍	
WITNESSES		
Please provide names and contact details of all	witnesses to this accident	
Name:		Contacts:
Name:		Contacts:
USE OF THE MOTOR VEHICLE		
For what purpose was the vehicle being used at	the time of the accident?	J
Give a description of goods being carried (if app	blicable):	

Name of owner of goods carried:

### DECLARATION

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

### DATA PROTECTION AND PRIVACY

CIC General Insurance Limited is committed to complying with the requirements of the Data Protection Act and the attendant regulations as well as global best practices regarding the processing of your personal data. In this regard, you are required to acquaint yourselves with our data privacy statement (*https://cic.co.ke/data-privacy-statement/*) which is intended to inform you on how we use your personal data and describes how we collect and process your personal data during and after your relationship with us.

Name:		
Date:	Insured's Signature:	

#### **CIC GENERAL INSURANCE LTD.**

V.05/2024

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