

MOTOR INSURANCE CLAIM FORM

Claim No: \_\_\_\_\_



Table with 3 columns: Mandatory Documents, Yes, No. Rows include: 1. Duly completed Claim Form, 2. The insured's/Driver's detailed statement on the accident occurrence, 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. Includes a note: N/B: The claim can only proceed upon clearance of premium and submission of all the required documents

Agency/Broker: \_\_\_\_\_

CUSTOMER INFORMATION

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ PIN No: \_\_\_\_\_

Email Address: \_\_\_\_\_ ID/Passport No: \_\_\_\_\_

Occupation: \_\_\_\_\_

VEHICLE DETAILS

Registration: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Financier's Name (if applicable): \_\_\_\_\_

DRIVER DETAILS

Who was driving at the time of the accident?

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Date of Birth: (DD / MM / YYYY) ID/Passport No: \_\_\_\_\_

Relationship to insured: \_\_\_\_\_ PIN No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Gender: Male:  Female:

How long have you been driving? \_\_\_\_\_

Had you consumed any intoxicating liquor or taken any medication or other drugs within 6 hours prior to the accident?

Yes:  No:  If yes to any of the above, please give details:

\_\_\_\_\_

If you are not insured, do you have a vehicle of your own? Yes:  No:  If yes, who is the insurer?

\_\_\_\_\_

Have you ever been convicted in the last 5 years of any offence in connection with any motor vehicle, or is any prosecution or Police enquiry pending? Yes:  No:  If yes to any of the above, please give details:

\_\_\_\_\_

**ACCIDENT DETAILS**

What was the Date of the Accident?:  Time  am:  pm:

Where did the Accident occur? Town:  Road:

What was your Speed at the time of the Accident in Mph/Kmh?:  Were your headlights on?: Yes:  No:

What was the Weather Condition at the time of the Accident?:

What warning was given immediately 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 the Accident? Yes:  No:  If yes, please write the name of the:

Police officer:  Force Number:

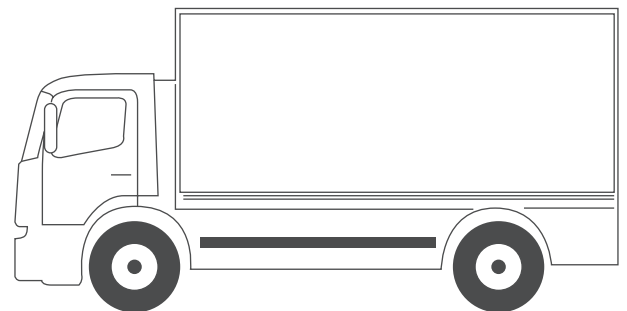
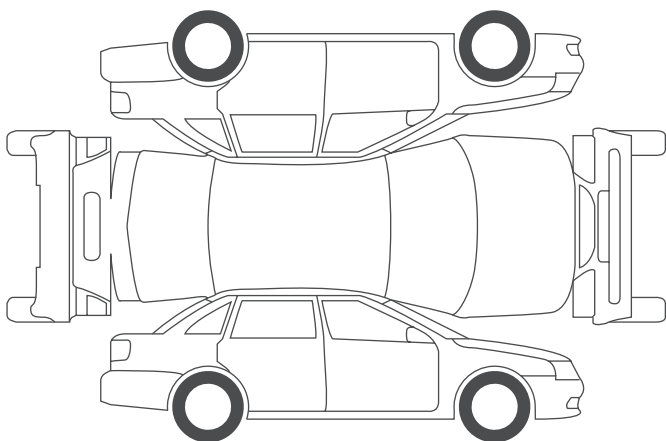
Name of Police Station:  O.B. Number:

How many Occupants were in your Vehicle?:

Was the Driver or any Passenger(s) in your Vehicle injured as a result of this Accident? Yes:  No:  If yes to any of the above, please give details:

Name	Nature and Extent of Injuries	Relationship to the Insured

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







Name of Driver: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Make: \_\_\_\_\_

Extent of the damage: \_\_\_\_\_

Third party's insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

Did the other driver admit liability for the accident? 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? \_\_\_\_\_

Give a description of goods being carried (if applicable): \_\_\_\_\_

Name of owner of goods carried: \_\_\_\_\_

**DECLARATION**

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: \_\_\_\_\_ Rubber Stamp / Seal



**CIC GENERAL INSURANCE LTD.**

V.05/2024

📍 CIC PLAZA MARA ROAD, UPPERHILL 📍 P.O. BOX 59485-00200 NAIROBI, KENYA  
☎ +254 020 282 3000, 0703 099 120 📧 callc@cic.co.ke 🌐 www.cic.co.ke  
🏢 CICGroupPLC 🏢 CICGroupPLC 🏢 CICGroupPLC  
KENYA • SOUTH SUDAN • UGANDA • MALAWI  
GENERAL • LIFE • HEALTH • ASSET

