



## MOTOR ACCIDENT REPORT FORM

ICEA Building, Kenyatta Avenue • PO Box 30190 - 00100 GPO Nairobi, Kenya Tel: +254 (20) 2750 000/ 2221 652/ 340 365/6  
• Fax: +254 (20) 222 3803/ 224 4258 • Email: info@icealion.com • www.icealion.com

**The issuing of this form is not to be taken as an admission of liability by the insurer**

Claim Number  Policy Number  Agency

<b>POLICY HOLDER</b>	Full name of insured	VIRGINIA WAMBUI KAMAU							
	Postal address	52149	Code	DDWD	Town	NAIROBI			
	Telephone Number	0728307327		Cell No.					
	E-mail Address	birtievents@gmail.com							
	Business/occupation	EVENTS							
<b>POLICY</b>	Number			Expiry date	DD MM YYYY				
	Name of hire purchase or finance company	NCBA							
<b>VEHICLE</b>	Make & Model	MAZDA AENZA		HP/CC	1900		Year of Manufacture	2016	
	Reg. No. of vehicle	KDM 736U		Carrying capacity	5				
	Reg. No. of Trailer			Carrying capacity					
	Name and Address of Owner	VIRGINIA WAMBUI							
<b>USE</b>	State the exact purpose for which the vehicle was being used at the time of the accident								
	Going for a meeting								
<b>COMMERCIAL VEHICLES</b>	Description of goods being carried	None just passengers							
	Name of owner of goods			Was a trailer attached					
	Weight of load on (a) Vehicle *			(b) Trailer's					

**DRIVER** Name ANDREW KAMAU  
Occupation PHOTOGRAPHER Actual Date of Birth 6-12-1978  
Postal Address \_\_\_\_\_ ID No. 218 68176  
PIN No. \_\_\_\_\_ Tel. No. 0722 887 665  
Is he employed by you? NO How long has he been in your service? \_\_\_\_\_  
Was he driving with your permission? YES How long has he been driving motor vehicle? \_\_\_\_\_  
Was he in any way to blame for the accident NO Did he admit liability? \_\_\_\_\_  
Has he had any previous accident? NO If so, how many, and approximate date? \_\_\_\_\_  
Has he any conviction for any offence in connection with any motor vehicle or any charges pending?  
NO  
If so, give details including dates \_\_\_\_\_  
Does he hold a full or provisional licence to drive the vehicle? YES  
If full, state date when driving test first passed \_\_\_\_\_ Number \_\_\_\_\_  
Does he own a Motor Vehicle? YES If so, give name and address of Insurer \_\_\_\_\_  
Driver's Policy No. \_\_\_\_\_

**ACCIDENT** Date 17/6/26 Time 11.49am a.m/p.m Place Near Traffic Police  
Type of road Surface TARMAK Visibility GOOD Wet or Dry? \_\_\_\_\_  
What lights were showing on your vehicle? Brake  
What warning did your driver give? We were stationary at the lights  
Estimated speed before accident 0 Weather Conditions Good  
Did Police take particulars? Yes If so give Constable's number and station Kiliman Police  
To which Police Station was the accident reported Kiliman  
Attach copy Notice of Intended Prosecution if any \_\_\_\_\_

**PLAN OF ACCIDENT** Draw sketch (stating 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 other relevant information

**STATEMENT BY DRIVER**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Driver \_\_\_\_\_

**STATEMENT BY OWNER OR POLICY HOLDER**

We were stationary at the lights and the other car tried to squeeze into the exit lane. She scratched us. She has accepted liability. See DB700

**DAMAGE TO INSURED VEHICLE**

State briefly apparent damage It needs paintwork - 2 panels  
 (In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to the Insurers an estimate for repairs). Repairer's name and address \_\_\_\_\_  
 \_\_\_\_\_  
 Tel. No. \_\_\_\_\_

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

OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED	Name and address of Owner	Reg. No.	Name of Insurer	Policy No.	Other property damaged
	127CD (Red plate) Gasan Janina		Kenya Crest		
	Name and address of driver _____ Tel. _____				

PERSONS INJURED	Name and Address	Relationship To the Policyholder	If Driver or Passenger Reg. No. of vehicle	Apparent Injuries
	None			
	_____	_____	_____	_____

**INDEPENDENT WITNESS**

Name \_\_\_\_\_ Address \_\_\_\_\_

**PASSENGERS IN YOUR VEHICLE**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Virginia Wambui

I DECLARE that these particulars are true and undertake to forward immediately (and unanswered) if any correspondence relating to this accident.

Date 19/6/26 Signature of Policy holder *[Handwritten Signature]* \_\_\_\_\_  
*Rubber Stamp*