

MAYFAIR INSURANCE COMPANY LIMITED

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Motor Vehicle Claim Form

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

POLICY No. _____

CLAIM No. _____ RENEWAL DATE _____

Please

In no case admit your fault nor make any offer of payment without the written authority of the Company. Answer ALL questions FULLY to avoid unnecessary correspondence delay in the settlement of the claim.

(a) NAME OF THE INSURED (IN FULL) _____

(b) Address P.O. Box _____ Tel.NO. _____

Plot No. _____

Street/Road _____

District _____

(c) Profession or Occupation _____

(1) The Insured Vehicle

a) Make (a) _____

b) Horse Power (b) _____

c) Registration No. (c) _____

d) Price paid by the Insured (d) _____

e) Year of Manufacture (e) _____

f) Date of Purchase (f) _____

g) State whether new or second hand (g) _____

h) State purpose for which it was being used at (h) _____

the time of the accident

i) Was it in proper order and condition at that time? (i) _____

j) Mileage at the time of accident/theft/fire (j) _____

k) Was the vehicle being used with your knowledge (k) _____

and consent?

l) If the claim is in respect of motor cycle, state whether (l) _____

a Pillion Passenger was being carried at the time of _____

accident?

J) If the claim is in respect of a lorry state:

1. Whether a trailer was hauled 1 _____

2. The nature of goods carried at the time of accident. 2 _____

3. The weight of the load carried at the time of accident 3 _____

4. Name of the owner of goods 4 _____

(n) Is the vehicle your own property? (n) _____

If not who else is interested in this vehicle and how? _____

(2) The person driving at the time of accident:

(Important: Kindly attach driver's license)

(a) Full Name of Person (a) _____

(b) Address (b) _____

(c) His age and occupation (c) _____

Relation to Insured

(d) Particulars of Driving License:

- | | |
|----------------------------|----------|
| 1. License No. | 1. _____ |
| 2. Date and place of issue | 2. _____ |
| 3. Date of Expiry | 3. _____ |
| 4. Renewal No. | 4. _____ |
| 5. Valid up to | 5. _____ |
| 6. Type of License | 6. _____ |

(e) Is he your permanent paid driver? (e) _____

If so since when?

(f) Has driver's license ever been endorsed (f) _____

Or suspended?

If so, give full details with dates

(g) State whether:

- | | |
|--|-------------------|
| 1. The driver has ever been prosecuted for driving offences. If so give details | 1. _____
_____ |
| 2. The driver has been involved in any Accidents previously. If so give details | 2. _____
_____ |
| 3. The driver has ever been refused motor vehicle insurance or continuance thereof | 3. _____
_____ |

(h) How long has he been driving motor vehicles (h) _____

(i) Has the driver had any other insurance of his Own (i) _____

(j) Was he sober (j) _____

(3) The Accident (Damage, Fire, Theft)

(a) Date of Occurrence (a) _____

(b) Time (b) _____

(c) Place (Street or Road and Town) (c) _____

(d) Were you in the vehicle? (d) _____

(e) If not when was it reported to you? (e) _____

(f) On what side of the Street or Road was your vehicle and how long far from the kerb? (f) _____

(g) What was the width of street or road? (g) _____

(h) And at what speed was the vehicle been driven before the accident (h) _____

(i) And at what speed was it being driven at time of accident (i) _____

(j) In case of theft please state:

i. Was the vehicle properly locked? _____

ii. Is it fitted with any anti- theft devices _____
such as burglar alarms, steering lock, etc. _____

If so, give details of such devices _____

(k) Please give full details of the nature and (k) _____
Cause of the accident/theft/fire: _____

(I)Please draw a rough sketch plan of the scene of the accident.

(4) Damage:

(a) Give in details the extent of all damage (a) _____
to the insured vehicle directly due to the _____
accident _____

(b) Estimated cost of repairs

(b) Shs. _____

(c) Where can the vehicle be inspected? (c) _____

(d) Have you given instructions for repairs (d) _____

to be carried out? If so, to whom _____

(Name and address)

(e) Have you instructed them to send an (e) _____

estimate to the Company immediately?

N.B If possible an estimate of repairs should be attached to this form and in any event it must be sent to the Company without undue delay.

(5) The Result

(a) Has the accident caused any injury to any person (a) _____

or persons?

If so give the following particulars: -

Name	Address	Occupation	Nature of Injuries	Whether being conveyed in the vehicle or not

(b) If any injured person has been removed to (b) _____

a Hospital or medically attended, give name _____

and address of hospital or Doctor _____

(c) Did the accident cause damage to (c) _____

property or livestock? _____

If so give name and address of the owner _____

stating nature and extent of damage _____

(6) General:

(a) Has any claim been made upon you by any third party? (a) _____

If so, give details and attach the information: _____

Note: Any notice, write or summons received from Third Party must be immediately

Communicated to the company at the foregoing address.

(b) If accident involves Third Party, give name and address of: (b) _____

i. Name of Insurance Company _____

ii. Registration No. of Motor Vehicle _____

iii. Certificate no. _____

iv. Policy No. _____

v. Name of Driver _____

(c) How many person's were in the vehicle at (c) _____

the time of accident?

(d) Give the following particulars about all

witnesses of the accident: -

Name	Address	Whether being conveyed in the vehicle or not

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- (e) Was the matter reported to the police? (e) _____
If so, give name of the Police Station _____
and date. Tel. No. (if available) _____
- (f) What action, if any has been or is being (f) _____
taken by the Police or any other authority _____
- (g) Give particulars of other insurance on (g) _____
the vehicle, if any _____
- (h) Have you paid the premium under this policy? (h) _____
- (i) Whether you have ever before lodged i) _____
a claim under this policy and/or any _____
motor vehicle policy? _____
If so, give particulars: _____

I/We the above named, do hereby, to the best of my/ our knowledge and belief, warrant the truth of the foregoing statements in every respect and I/we agree that if I /we have made, or in any further declaration the Company require of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the Policy shall be void and all rights recover thereunder in respect of past or future accident shall be forfeited.

Date _____

Witness _____

Full Name _____

Address of Witness _____

(Signature of the insured)

Where necessary, the insured's official

Stamp must be used
