



**FIDELITY SHIELD**  
INSURANCE COMPANY LIMITED

Head Office: Amee Arcade, 4th floor, Parklands Rd, Westlands, P.O. Box 47435 - 00100  
Nairobi, GPO, Tel: 4449440, 4443063-9, Fax: 4445699 Email: info@fidelityshield.com  
Website: http://www.fidelityshield.com  
Mombasa Branch: Fidelity Shield Insurance House, Kaunda Avenue, P.O. Box 90103-80100  
Mombasa Kenya. Tel: 041-2312651/4, Fax: 041-2221098, Email: mombasa@fidelityshield.com  
Kisumu Branch: Harleys House, Oginga Odinga Street, P.O. Box 2243 - 40100 Kisumu Keny  
Tel: 057- 2021739. Fax: 2022744, Email: info@fidelityshield.com  
Website: http://www.fidelityshield.com  
Eldoret Branch: KVDA House 11th floor, P.O. Box 7877, Eldoret - Kenya  
Tel : 053 - 02030393, Fax: 053 - 02063581, Email: eldoret@fidelityshield.com

**NAME OF INSURER**

**IMPORTANT NOTICE**

1. No liability under the policy is admitted by issue of this form.
2. Neither Owner nor driver must admit fault or liability for this Accident.
3. Do not answer communications about this Accident, but send them to the Insurers for consideration.
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the Insurers.

Insurers Claim No.

Brokers Ref. No.

<b>POLICYHOLDER</b>	Name ..... Tel. No. .... Address ..... Business/Occupation .....
<b>POLICY</b>	Number ..... Expiry date: ..... Name of hire purchase or finance company .....
<b>VEHICLE</b>	Make & Model ..... HP/CC ..... Year of Manufacture ..... Reg. No. of vehicle ..... Carrying capacity ..... Reg. No. of Trailer ..... Carrying capacity ..... Name and Address of Owner .....
<b>USE</b>	State the exact purpose for which the vehicle was being used at the time of the accident .....
<b>COMMERCIAL VEHICLE</b>	Description of goods being carried ..... Name of Owner of goods ..... was a trailer attached ..... Weight of load on (a) Vehicle ..... (b) Trailer(s) .....
<b>DRIVER</b>	Name ..... Occupation ..... Actual Date of birth ..... Address ..... Tel. No. .... Is he employed by you? ..... How long has he been in your service? ..... Was he driving with your permission? ..... How long has he been driving Motor Vehicles? ..... Was he in any way to blame for the accident? ..... Did he admit liability? ..... Has he had any previous accidents? ..... If so, how many and approximate dates? ..... Has he any conviction for any offence in connection with any motor vehicle or any charges pending? ..... If so, give details including dates ..... Does he hold a full or provisional licence to drive this vehicle? ..... If full, state date when driving test first passed ..... Number ..... Does he own a Motor Vehicle? ..... If so, give name and address of Insurer ..... Driver's Policy No. ....
<b>ACCIDENT</b>	Date ..... Time a.m./p.m. Piece? ..... Type of road Surface ..... Visibility Wet or Dry? ..... What lights were showing on your vehicle? ..... What warning did your driver give? ..... Estimated speed before accident ..... Weather conditions ..... Did Police take particulars? ..... If so, give Constable's number and station ..... To which Police Station was the accident reported? ..... Attach copy Notice of Intended Prosecution if any

<u>PLAN OF ACCIDENT</u>	Draw sketch (stating approximate 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 any other relevant information.			
<u>STATEMENT BY DRIVER</u>	Signature of Driver .....			
<u>STATEMENT BY OWNER OR POLICYHOLDER</u>				
<u>DAMAGE TO INSURED VEHICLE</u>	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 Insurers an estimate for repairs). Repairer's name and address ..... Tel. No. .... Is the vehicle still in use? ..... When and where can it be inspected .....			
<u>OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED</u>	Name and address of Owner	Reg/No.	Name of Insurer	Other property damaged
Name and address of driver:				
<u>PERSONS INJURED</u>	Name and address	Relationship to the Policyholder	If Driver or Passenger Reg. No. of Vehicle	Apparent injuries
<u>INDEPENDENT WITNESSES</u>	Name		Address	
<u>PASSENGERS IN YOUR VEHICLE</u>	Name		Address	
I DECLARE that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident.  Date ..... Signature of Policy holder .....				