

CLAIM FORM - MOTOR

PRIVACY POLICY

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA Insurance) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission.

NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organization; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you.

Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

IMPORTANT NOTICE

1. No liability is admitted by issue of this form.
2. Neither owner nor driver may admit fault or liability for the accident.
3. Do not answer communications about this Accident. Direct these to the insurance Company for Action.
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the insurance company MOTOR ACCIDENT.

SECTION A : PERSONAL / CORPORATE DETAILS

Insured/Client Name: _____
 Tel. No: _____ Address: _____
 Business / Occupation: _____
 Email: _____
 Policy Number: _____ Expiry Date: _____ (mm/dd/yyyy)
 Name of hire purchase or finance company: _____

SECTION B : TECHNICAL DETAILS

VEHICLE Make & Model: _____ H.P. or C.C.: _____
 Reg. No. of vehicle: _____ Carrying Capacity: _____
 Reg. No. of trailer: _____ Carrying Capacity: _____
 Name and Address of Owner: _____

SECTION C : ACCIDENT DETAILS

DAMAGE TO INSURED VEHICLE 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 company an estimate for repairs).

Repairer's name and address: _____

Tel. No: _____ Is the vehicle still in use: _____

When and where can it be inspected? _____

OTHER VEHICLES INVOLVED AND DAMAGED Name and address of driver: _____
 Tel. No: _____
 Name of Insurer: _____
 Other property damaged: _____

PERSONS INJURED Name and address: _____
Relationship to the Insured: _____
If Driver or Passenger Reg. No. of vehicle: _____
Apparent injuries: _____

INDEPENDENT WITNESSES Name: _____
Address: _____

PASSENGERS IN YOUR VEHICLE Name: _____
Tel. No: _____ Address: _____

USE State the exact purpose for which the vehicle was being used at the time of the accident

COMMERCIAL VEHICLES Description of goods being carried: _____
Name of owner of goods: _____
Was a trailer attached? _____ Weight of load on (a) Vehicle: _____
(b) Trailer(s): _____

DRIVER Name: _____
Occupation: _____ Date of Birth: _____ (mm/dd/yyyy)
Address: _____ Tel. No.: _____
Is he/she employed by you? How long has he been in your service? _____
Was he/she in any way to blame for the accident? _____
Did he/she admit liability? _____

Has he/she had any previous accidents? _____

If so, how many and approximate dates? _____
Does he/she have any conviction for any offence in connection with any motor vehicle or any charges pending? If so, give details including dates:

Does he/she hold a full or provisional license to drive this vehicle? _____
If full, state date when driving test first passed : _____ License Number: _____
Does he/she own a Motor Vehicle? _____
If so, give name and address or insurer: _____
Driver's Policy No.: _____

ACCIDENT Date: _____ Time: _____ am/pm Place: _____ (mm/dd/yyyy)
Type of road surface: _____ Visibility: _____ Wet or Dry: _____
What lights were showing on your vehicle? _____
Estimated speed before accident: _____ Weather conditions: _____
Did the police take particulars: _____
if so, give constable's number station: _____
To which police station was the accident reported? _____

Attach copy notice of intended prosecution if any

SECTION D : CONSENT & DECLARATION

Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting ncbainsurance@ncbagroup.com.

I consent

I do not consent

Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for NCBA Insurance to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

Name: _____

Signature: _____

(If Corporate):

Name: _____

Company Stamp & Date: