

January 9th 2017

G.A.C Insurance Investigators,
Nairobi

Dear Sirs

Claim no AB700/0016731

Accident on 08/12/2015 involving KAV 980H and KAQ 954G

Our Insured: Waweru Muthumbi

Reference is made to the above matter.

Attached is a copy of the claim form and police abstract report. Kindly trace the third party with a view of establishing the following:

- The registered, beneficial and/or insured owner as at 08/12/2015 and/or authorized driver of vehicle KAQ 954H. Kindly conduct a search at the registrar of motor vehicle to ascertain ownership.
- The financial position of the third party particularly attachable assets for purposes of recovery.

Meanwhile, also revert with details of physical whereabouts of the offending third party to facilitate service of summons.

Revert soonest with your report given the fast approaching time bar to enable us instruct our Advocates to pursue our outlay which stands at Kshs 189,600.00

Yours faithfully
APA Insurance Ltd



Claims Department

SKM

APA Insurance Limited

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MOTOR ACCIDENT REPORT FORM

IMPORTANT NOTICE

1. No Liability is admitted by issue of this Form.
2. Neither owner nor driver may admit fault or Liability for this 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.

Insurers Claim No:

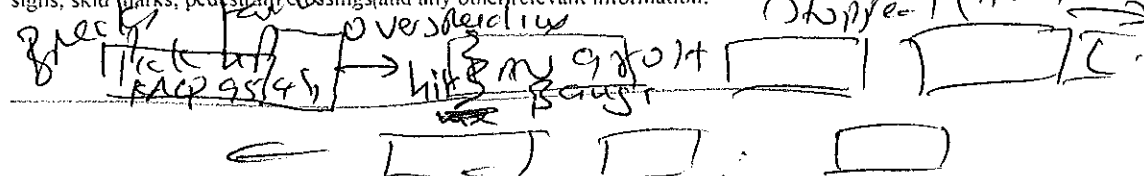
Brokers Ref. No.:

INSURED	Name <u>MUTHUMBI Waweru</u> Tel.No. <u>0720 351 214</u> Address <u>38063, 00623 NAIROBI</u> Business/Occupation <u>Sen Lecturer, Univ. of Nairobi</u>
POLICY	Number <u>P/AB 700/0005631</u> Expiry date _____ Name of hire purchase or finance company _____
VEHICLE	Make & Model <u>Toyota Premio</u> HP/CC <u>1600 cc</u> Reg. No. of vehicle <u>KAN 980H</u> Carrying capacity <u>5</u> Reg. No. of trailer <u>N/A</u> Carrying capacity <u>N/A</u> Name and Address of Owner <u>Muthumbi Waweru, 38063, 00623 NAIROBI</u>
USE	State the exact purpose for which the vehicle was being used at the time of the accident <u>Personal use</u>
COMMERCIAL VEHICLES	Description of goods being carried <u>N/A</u> Name of owner of goods <u>N/A</u> Was a trailer attached? <u>N/A</u> Weight of load on (a) Vehicle <u>N/A</u> (b) Trailer(S) <u>N/A</u>
DRIVER	Name <u>Muthumbi Waweru</u> Occupation <u>Lecturer</u> Date of birth <u>4/1/1962</u> Address <u>38063, 00623 NAB</u> Tel. No. <u>0720 351 214</u> Is he employed by you? <u>N/A</u> How long has he been in your service? _____ Was he driving with your permission? <u>N/A</u> How long has he been driving motor vehicles? <u>210 yrs</u> Was he in any way to blame for the accident? <u>N/A</u> Did he admit liability? <u>NO</u> Has he had any previous accidents? <u>N/A</u> If so, how many, and approximate date? _____ Has he any conviction for any offence in connection with any motor vehicle or any charges pending? <u>NO</u> If so, details including dates <u>N/A</u> Does he hold a full or provisional licence to drive this vehicle? <u>Full</u> If full, state date when driving test first passed <u>2003</u> Number _____ Does he own a Motor Vehicle? <u>YES</u> if so, give name and address of Insurer <u>N/A</u> Driver's Policy No. <u>P/AB 700/0005631</u>
ACCIDENT	Date <u>08/02/2015</u> Time <u>16:20</u> a.m./p.m. Place <u>Liumun Rd</u> Type of Road surface <u>Tarmac</u> Visibility <u>Clear</u> Wet or Dry? <u>Dry</u> What lights were showing on your Vehicle? _____ What warning did your driver give? _____ Estimate speed before accident <u>Stopped</u> Weather conditions <u>Clear</u> Did Police take particulars? <u>YES</u> If so, give Constable's number and station <u>Gisiri Police Station</u> To which Police Station was the accident reported? <u>Gisiri Police Station</u> Attach copy Notice of Intended prosecution if any.



PLAN OF
ACCIDENT

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.



STATEMENT BY
DRIVER

I had slowed down / stopped as other vehicles ahead of me were stopped. A pickup rammed my car from behind as it had failed brakes.

STATEMENT
BY OWNER
OR INSURED

DAMAGE TO
INSURED
VEHICLE

State briefly apparent damage

Rear Bumper / Tailgate / Boot
Rear Left Light / Rear Left Door.

(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

VAS Motors

Tel. No.

Is the vehicle still in use?

NO

When and where can it be inspected?

At VAS,

Auto Center

OTHER
VEHICLES
INVOLVED
AND
PROPERTY
DAMAGED

Name and address of owner

Reg.No.

Name of Insurer

other property damaged

AKA 9545

MADISON
INSURANCE

N/A

Name and address of driver:-

PERSONS
INJURED

Name and address

Relationship
to the Insured

If Driver or Passenger
Reg.No. of vehicle

Apparent injuries

NONE

N/A

N/A

N/A

INDEPENDENT
WITNESSES

Name

Address

Security Men at
Agrihan Academy (set 16 & 17)

Agrihan Academy

PASSENGERS
IN YOUR
VEHICLE

Name

Address

I was alone

N/A

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

Date

11/12/2015

Signature of Insured

Agrihan Academy

REPUBLIC OF KENYA

THE KENYA POLICE

ABSTRACT FROM POLICE ON A ROAD ACCIDENT

To: The officer i/c D.I.O GIGIRI Division. Date 9th Dec 2015
P.O. Box 14457 - 00800 NRI Our ref. OR No 10/8/12/2015
Police ref. OR No 10/8/12/2015

I/we understand that your Police Station received a report of an accident involving KAV 980 H
TOTOTA CORROLIA & KAP 954 G DOUBLE PLUP
of (address) Box 38063-00623 NRI Tel No 0720 351214
Which occurred on (date) 8/12/2015 at (time and place) LIMURU ROAD
NEAR AGA KHAN ACCEDEMY SCHOOL
involving vehicle(s) Reg. No. KAV 980 H make TOTOTA CORROLIA
and KAP 954 H make DOUBLE PLUP
Name of police station where accident reported G.I.GIRI P/S
From the record could you please furnish us with the following information:

- (a) Name and address of the owner of the vehicle Reg. No. KAV 954 H P/HOLDER MUTHUMBI
WAKERY BOX 38063-00623 NRI 0720 351214
- (b) Name of the Insurance Company A.P.I.A INS CO LTD 22700/0005631 COMP.
2. Has the investigation been completed? Yes/No. (delete as appropriate) Yes
If so, has anyone been charged? Yes/No
If this case is still under investigation is there any likelihood of either party being prosecuted? Yes/No
3. If it is intended to prefer charges, state:
(a) Name of driver/cyclist/pedestrian N/A
(b) Vehicle registration No. N/A
4. Name of charge N/A
5. Court Case File No. N/A Traffic Charge Reg. No. N/A
6. Name of investigation Officer PC MURANGA
7. Result of investigations or prosecutions (if known) CASE REF TO INSURANCE MIV KAR
954G TO BLAME
8. Accident Register/OB Number 12/1 and date 8/12/2015
9. Persons Injured Name N/A Class of Person N/A Address N/A Nature of Injury ROAD INJURY
ROAD T/ACCIDENT
10. Name of Witnesses MUTHUMBI WAKERY Addresses Box 38063-00623 NRI
PC MURANGA Box 14457-00800 NRI
Date 9/12/2015 (Signed) [Signature] Officer-in-Charge
GIGIRI P/S Police Station
11. When completed, this form is to be returned to:
Name and address of Insurance Company.....
OR
Legal Representative or other interested party stating interest and/or connection with the accident.....

Note: - when applying forward in triplicate to officer i/c Division.

KAP 954 G INSURANCE
JOHN RIKBAU MURANGA
Box 174 - 00606 NRI 0725-100-622
PINO RIV 701/095358/2016
MADISON INS. CO. LTD.

25/11