Verification Co REPUB RENYA VERIFICATION REPUB RENYA REPUB RENYA

THE KENYA POLICE ROM POLICE CQS Division. The officer i/c Police ref. ad a report of an accident of (address)... at (time and place Which occurred on (date)... Name of police station where accident reported... From the record could you please furnish us with the following infor 1. (a) Name and address of the owner of the vehicle Reg. No. (b). Name of the Insurance Company. 2. Has the investigation been completed? Yes/No. (delete as appropria If so, has anyone been charged? Yes /No If this case is still under investigation is there any likelihood 3. If it is intended to prefer charges, state: (a) Name of driver/cyclist/pedestrian...... (b) Vehicle registration No..... 4. Name of charge..... 5. Court Case File No..... 6. Name of Investigation Officer....... 7. Result of investigations or prosecutions of knowand date 8. Accident Register/OB Number Nature of Injury 9. Persons Injured Name (Signed 11. When completed, this form is to be returned to: Name and address of Insurance Company.....

Legal Representative or other interested party stating interest and/or connection with the accident......

Signature of Person/Company Applying for the abstract

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THE KENYA POLICE

The officer i/c Division. Our ref..... P.O. Box Police ref..... I/we understand that your Police Station received a report of an accident involving..... DV LE DILAGINED DA PANGK of (address) Which occurred on (date).....at (time and place).....at CHURCH QUILE IN EAST SAME and make make Name of police station where accident reported...... From the record could you please furnish us with the following information: 1. (a) Name and address of the owner of the vehicle Reg.No..... (b). Name of the Insurance Company..... 2. Has the investigation been completed? Yes/No. (delete as appropriate.) 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..... (b) Vehicle registration No...... 4. Name of charge..... 7. Result of investigations or prosecutions (if kingwin)..... 8. Accident Register/OB Number..,and date..... Class of Person Address 9. Persons Injured Name 10. Name of Witness (Signed)..... 11. When completed, this form is to be returned to: Name and address of Insurance Company..... Legal Representative or other interested party stating interest and/or connection with the accident..... _____

Signature of Person/Company Applying for the abstract