

MOTOR ACCIDENT CLAIM FORM



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.

POLICYHOLDER

Name: China Henan Int'l Co-operation Tel No.: 0729-035577
Address: P.O. Box 9645 NBI Business/Occupation: Construction
Email Address: ChicoKisii20Km@gmail.com
POLICY: Number CBB/P/503/012 Expiry date 28/04/2022

NAME OF HIRE PURCHASE OR FINANCE COMPANY: _____

VEHICLE

Make & Model _____ HP/CC _____ Year of Manufacture _____
Reg. No. of vehicle KCL 49SK Carrying capacity _____ Reg. No. of Trailer _____
Carrying capacity _____
Name and Address of Owner _____

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

Transporting stand-by police officers from Kerina Police station

COMMERCIAL VEHICLE

Description of goods being carried N/A

DRIVER

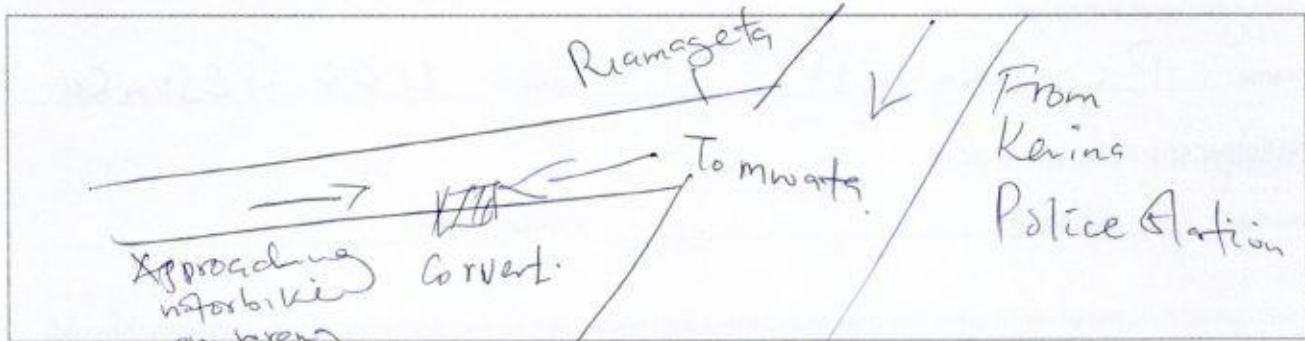
Name of Owner of goods N/A was a trailer attached _____
Weight of load on (a) Vehicle _____ (b) Trailer(s) _____
Name Daniel Osoe Onda occupation Driver Actual date of birth 1988
Address 35 Kisii Tel. No.: 0715408941

MOTOR ACCIDENT CLAIM FORM



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: (Attach Separate)

Signature of Driver _____

STATEMENT BY OWNER OR POLICYHOLDER:

DAMAGE TO INSURED VEHICLE

State briefly apparent damage Front parts.

(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? No When and where can it be inspected Kisii yard

OTHER VEHICLES INVOLVED AND PROPERTY DAMAGED

Name and address of Owner: N/A Reg.No.: _____

Name of Insurer: _____

Other property damaged: _____

Name and address of driver: _____

PERSONS INJURED

Name and address: N/A Relationship to the Policyholder _____

If Driver or Passenger _____ Apparent injuries: _____

Reg. No. of vehicle: _____

Does he/she own a Motor Vehicle? Yes ☐ No ☒
If so, give name and address or insured

N/A

Driver's Policy No.: N/A

Relationship to Insured: N/A

Accident

Date 14/7/2021 Time: 1845 hrs am ☐ pm ☐ Place Mwata

Type of road surface Tarmac

Visibility Poor

Wet or Dry wet

What lights were showing on your vehicle? head lamps

Estimated speed before accident 60 km/h weather conditions Rainy

Did the police take particulars? Yes ☒ No ☐

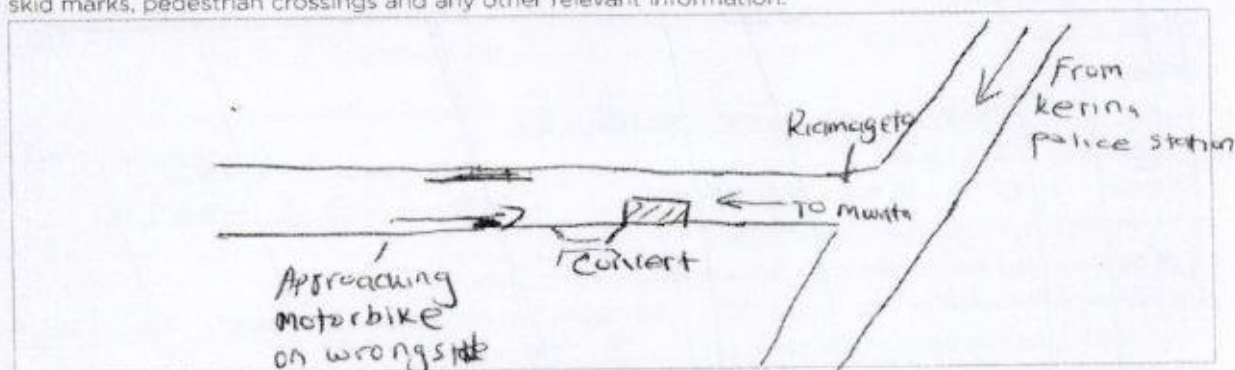
To which police station was the accident reported? Gesonsa

Please attach a copies of the following:

☐ Drivers license ☐ Police Abstract ☐ Garage quotation (If any) ☐ Intended prosecution if any

Plan of Accident

Draw sketch/Attach (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 was returning back from Kerina having ferried the Police officer along Rimangeto Mwata Road. I met approaching motorbike which was on my lane. On moving out of the Road to avoid head on collision I hit the wing wall of box culvert. There was heavy rain and visibility was poor.

Statement by owner or insured

The vehicle KCL 495K was assigned to take Police officer to Kerina. On coming back the driver reportedly tried to avoid head on collision with motorbike leading to hitting of wing wall of culvert. The matter was reported at Gesonsa police station.



Endeavors
Insurance
Agency

☐ NEW ☒ RENEW

MOTOR VEHICLE PROPOSAL FORM

TO:

INSURER:

Fidelity

POLICY HOLDER

NAME: China Henan International Cooperation Group Co. Ltd

INTEREST PARTY:

ADDRESS: 9645-00100 NBO

MOBILE: 0711615168

PIN: P0514040970

PROFESSION: Construction

ABOUT THE VEHICLE(S)

COVER PERIOD: FROM 29 / Apr / 2021 TO 28 / Apr / 2022

REG. NO.	CHASSIS	ENGINE	MAKE	TYPE	RATING	YEAR	SUM OF INSURED
KEL 490K	AS	per	the	system			1,800,000/=
KEL 495K							1,800,000/=

☒ EXCESS PROTECTOR INCLUSIVE

☐ EXCESS PROTECTOR NOT INCLUSIVE

☒ PRIVATE MOTOR VEHICLE

☐ COMMERCIAL MOTOR VEHICLE

Other Instructions:

ABOUT THE PREMIUM

TOTAL SUM OF INSURED: 3,600,000/=

RATE: 3% (Basic) + 0.5% (G.P.)

BASIC PREMIUM: 117,000/=

POLICY NO.: C01/P1503/012147/18

☒ COMP ☐ TPO

OFFICIAL STAMP:



PREPARE BY:

[Signature]

DATE: 16 / Apr / 2021

ENDEAVORS INSURANCE AGENCY LTD

ADDRESS: 4-7, TOP PLAZA, KILIMANI, NAIROBI

P.O.BOX: 11696-00100

EMAIL: claim@ekkenya.com

JAMHURI YA KENYA

REPUBLIC OF KENYA



SERIAL NUMBER: 701502383

ID NUMBER: 25713698

FULL NAMES

DANIEL OSORO ONDIEKI

DATE OF BIRTH

01. 01. 1988

SEX

MALE

DISTRICT OF BIRTH

KISII CENTRAL

PLACE OF ISSUE

HDM KISII

DATE OF ISSUE

02. 01. 2019

HOLDER'S SIGN.



Page 1
 Name **ONDIEKI (MR)**
 Other Names **DANIEL OSORO**
 Date of Birth **01/07/1973**
 of C. No. **0476733 (PEX 197)**



Signature of Licensee

Issued by the Registrar of Motor Vehicles, Nairobi.

Signature of Authority

Page 2 Vehicles for which License is valid:

A	Motor Omnibuses	B	Heavy Commercial Vehicles
C	Commercial Vehicles exceeding 4000 lb. Tareweight	D	Tractors
E	Motor Cars & Commercial Vehicles not exceeding 4000 lb. Tareweight	F	Motor Cycles up to and including 50 c.c. capacity
G	Motor Cycles over 50 c.c. capacity	H	Invalid Carriages
Special Type (specified)			

See Page 4 for Special Conditions.



THE REPUBLIC OF KENYA

NATIONAL TRANSPORT AND SAFETY AUTHORITY

DRIVING LICENSE (RENEWAL)

REF No. PEX197

Name

DANIEL OSORO ONDIEKI

ID No. **25713698**

Is hereby licensed to drive classes of vehicles Authorised by Official Stamp on page 2 until **31 August 2021** inclusive Fee of ksh. **650A** received.

Date **31 August 2020**

To validate this document send 'DL' to **22430**

Winters

IDKYA7015023835<4531<<<4514
8801018M1901023<B025713698T<<1
DANIEL<OSOR0<ONDI&I<<<<<<<<

FILE COPY
CERTIFICATE OF INSURANCE

No : C23149197

POLICY HOLDER: CHINA HENAN INT CORP GRP CO LTD
POLICY NO: CBD/P/503012147/18 (COMP)
COMMENCING DATE: 29/04/2021 TIME: 00:00
EXPIRING: 28/04/2022
REGISTRATION NO: KCL495K
CHASSIS NUMBER: AHTFZ29G809046962

ISSUED BY: Fidelity Shield Insurance Company Ltd.
SIGNED: 
PHONE NO: +254709880000

PRIVATE CAR

DUPLICATE
CERTIFICATE OF INSURANCE

No : C23149197

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PRIVATE CAR

CERTIFICATE
OF INSURANCE

No : C23149197

POLICY HOLDER: AS PER POLICY
POLICY NO: CBD/P/503012147/18 (COMP)
COMMENCING DATE: 29/04/2021 TIME: 00:00
EXPIRING: 28/04/2022
REGISTRATION NO: KCL495K
CHASSIS NUMBER: AHTFZ29G809046962

ISSUED BY: Fidelity Shield Insurance Company Ltd.
SIGNED: 
PHONE NO: +254709880000

PRIVATE CAR

MAKE: -
MODEL: -
SUM INSURED: KSh 1,800,000.00
ISSUING OFFICE: Fidelity Shield Insurance Company Ltd.
INTERMEDIARY IRA NO: IRA/05/33607/2021
INTERMEDIARY: Endeavors Insurance Agency Ltd

Fidelity Shield Insurance Company Ltd.
in collaboration with Association of Kenya Insurers,
hereby certify that Policy of Insurance
(Ref number : CBD/P/503012147/18)
covering the liabilities required to be covered
by the Insurance (Motor Vehicles Third Party
Risks) Act Cap 405 of the laws of Kenya has
been issued as detailed above.

In the event of change of ownership, please notify
the Insurance Company, such that this Certificate
will be marked as Invalid. As the owner of the Policy,
you are required by law to ensure that you notify
the Insurance company on any change of ownership.
You may get a premium return where applicable.

HOW TO VERIFY



Scan to download the DMVIC Mobile Verification App.



To verify using a Mobile Phone in Kenya Dial *352# and
follow the prompts

OR

To verify from web, <https://www.dmvic.com/verification.html>
on web browser (Terms and Conditions Apply).



Digitally
signed by
*.dmvic.com
Date:
16.04.2021
11:28 EAT

Other Property Damaged

None

Persons Injured

Names of person injured

None

Address of person injured

N/A

Accident Details

Independent Witnesses

Name:

N/A

Address:

Tel. No.:

Passengers In Your Vehicle

Name:

None

Address:

N/A

Tel. No.:

N/A

Use

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

The vehicle was returning to station after transporting stand-by Police officers from Kering Police Station.

Description of goods being carried:

N/A.

Name of owner of goods

N/A

Was a trailer attached?

Weight of load on (a) Vehicle

(b) Trailer(s)

Driver

Name:

Daniel Osebo Ombeki

Occupation:

Driver

Address:

P.O. Box 35 Kisi

Date of Birth

1988

Tel. No.:

0715 408941

Is he/she employed by you? Yes ☒ No ☐

Was he/she in any way to blame for the accident? Yes ☐ No ☒

Did he/she admit liability? Yes ☐ No ☒

Has he/she had any previous accidents? Yes ☐ No ☒

How long has he/she been in your service

3 years

If so, how many and approximate dates?

N/A

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

N/A

Does he/she hold a full or provisional licence to drive this vehicle?

Yes

If full, state date when driving test first passed

04/12/2007

Number

0478733