

## Motor Vehicle Accident Report Claim Form

### 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

### Personal Details

Policy No.:   
 Client Name:   
 Postal Address:  Postal Code:   
 Telephone No.  Mobile No.   
 E-mail Address:   
 Occupation:

### Technical Details

#### Vehicle

Make  Model     
 HP / CC   
 Reg. No. of vehicle  Carrying Capacity   
 Reg. No. of trailer  Carrying Capacity   
 Name of Owner:   
 Address of Owner:

### 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   
 Repairer's address   
 Tel. No. :  Is the vehicle still in use Yes ☐ No ☐

When and where can it be inspected?

#### Other Vehicles Involved

Names of driver   
 Address of driver   
 Reg. No.   
 Name of Insurer



### Other Property Damaged

NONE

### Persons Injured

Names of person injured DOUGLAS OTANGA

Address of person injured KANGARI

## > Accident Details

### Independent Witnesses

Name: 1

Address:

Tel. No.:

### Passengers In Your Vehicle

Name: DOUGLAS OTANGA

Address: KANGARI

Tel. No.: 0721902344

### Use

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

Taking staff to the office

Description of goods being carried:

NA

Name of owner of goods N/A

Was a trailer attached? NO

Weight of load on (a) Vehicle N/A (b) Trailer(s) N/A

### Driver

Name: JACOB KIBE

Occupation: DRIVER Date of Birth 01/01/1981

Address: N/A Tel. No.: 0717 143454

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 ONE YEAR

If so, how many and approximate dates?

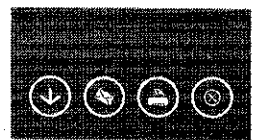
360 DAYS

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

NO

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

If full, state date when driving test first passed 12/05/2005 Number 344233



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

N/A

Driver's Policy No.:

Relationship to Insured: **EMPLOYEE**

### Accident

Date **28/06/2021** Time: **7:30** am ☒ pm ☐ Place **KINYONA - KANGORI ROAD**

Type of road surface **MURUMB**

Visibility **GOOD**

Wet or Dry **WET**

What lights were showing on your vehicle? **NONE**

Estimated speed before accident **10 KMPH** weather conditions **RAINY**

Did the police take particulars? Yes ☒ No ☐

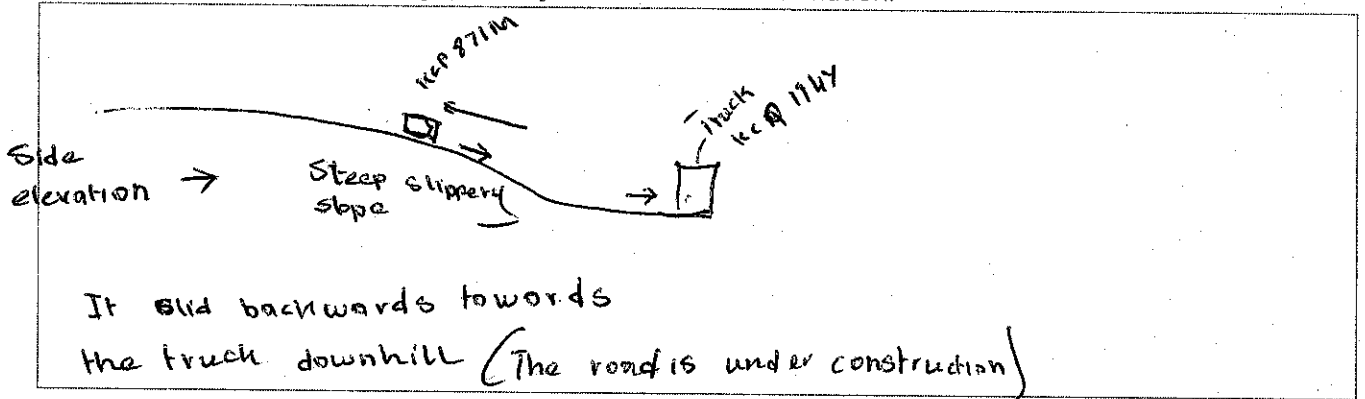
To which police station was the accident reported? **KIGUMU POLICE**

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 going uphill, the car slipped and turned and slid downwards. This was caused by the slippery and wet road.

Statement by owner or insured



## > Declaration

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

Name of Insured: R China Henan International Cooperation Group Co, Ltd

Signature of Insured: 张明皓 Date: 11/07/2021

ID NUMBER 22166827

**FULL NAMES:**

**JACOB KIBE IRUNGU**

DATE OF BIRTH  
01.01.1981  
SEX  
MALE  
DISTRICT OF BIRTH  
NAKURU  
PLACE OF ISSUE  
HDM THIKA  
DATE OF ISSUE  
09.12.2020  
HOLDER'S SIGN

HOLDER'S SIGN

DISTRICT  
NAKURU NORTH  
DIVISION  
BAHATI  
LOCATION  
BAHATI  
SUB LOCATION  
KIAMAINA

PRINCIPAL REGISTRAR 8 510

T0324667286

IDKYA7026330991<<3261<<<<2277  
8101017M2012098<B022166827X<<4  
JACOB<KIBE<IRUNGU<<<<<<<<<<<



**NATIONAL TRANSPORT AND  
SAFETY AUTHORITY**

**DRIVING LICENSE**

(RENEWAL)

REF No. IXU3

Name

JACOB KIBE IRUNGU

ID No. 22166827

is hereby licensed to drive classes of vehicles

Authorised by Official Stamp on page 2 until

21 October 2021 inclusive Fee of ksh. 650A

received.

Date 21 October 2020

To validate this document  
send 'DL' to 22430

Call: +254 709 932 300 | +254 20 6632 300

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