



Head office:

The Mirage - Tower 1, 7th Floor,

Chiromo Road,

P.O. Box 30129 – 00100

Nairobi.

Tel: 0732 178 000

Email: infoke@mua.co.ke

Website: www.mua.co.ke

MOTOR ACCIDENT CLAIM FORM

Important Notice

1. No liability is admitted by issuance of this form
2. Neither the owner nor the 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.
3. All questions on this form must be answered.
4. Repairs must not be authorized without prior authority of the Insurance Company.

INSURED

Name: W.J.J KENYA CONSTRUCTION CO. LTD

PIN no: P051634477Z

Telephone No. 0746 672118

Postal Address: 67961-00100 NAIROBI

Email address: _____

Business/Occupation: CONSTRUCTION

Policy number 4605/20/07/HO COMP

Name of hire purchase or finance company NILL

VEHICLE DETAILS

Make & Model TOYOTA DBA-CRS180 HP/CC 2490

Reg. No. of vehicle KCG570B Carrying capacity _____

Reg. No. of trailer _____

Name and Address of Owner _____

USE

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

OWN USE

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'S DETAILS

Name JIANG BO Occupation BUSINESS MAN Date of birth 14/12/1968
Address MIDEYA GARDEN, RIARA LANE Tel. No. _____
Are they employed by you? YES How long have they been in your service? 5 YEARS
Were they driving with your permission? YES
How long have they been driving motor vehicles? 5 YEARS
Were they in any way to blame for the accident? NO Did they admit liability? _____
Have they had any previous accidents? NO If so, how many, and approximate date? _____

Have they had any conviction for any offence in connection with any motor vehicle or any charges pending? _____
If yes, give details including dates NO

Do they hold a full or provisional license? YES
If full, state date when driving test was passed _____
State driving licence number SEE ATTACHED
Do they own a Motor Vehicle? NO If so, give name and address of Insurer _____

ACCIDENT DETAILS

Date 27/07/2021 5:00PM Time _____ a.m. /p.m. Place MIDEYA GARDEN, RIARA LN
Type of Road surface _____ Visibility GOOD Wet or Dry DRY
What lights were showing on your vehicle? NO
What warning did you give? NO
Estimate speed before accident 5KPH Weather conditions GOOD
Did Police take particulars? NO If so, give constable's number and station _____

To which Police Station was the accident reported? _____
Attach copy Notice of Intended prosecution if any. _____

PLAN OF THE ACCIDENT

Draw a sketch (stating approximate measurements) showing position of vehicles and persons involved and the direction in which they were travelling. Also show type and position of traffic signs, speed marks, pedestrian crossing and any other relevant information.



STATEMENT BY DRIVER

I WAS PARKING THE CAR AT MIDEYA GARDEN PARKING PLACE IN A HURRY, THEN FAIL TO AVOID THE PILAR AND HIT LEFT HAND SIDE FRONT.

Signature 

STATEMENT BY OWNER OR INSURED

MR JIANG BO IS FULLY AUTHORIZED TO DRIVE THE KCG570B BY THE COMPANY.

Signature 

DAMAGE TO INSURED VEHICLE

State briefly the apparent damage

LHF WING PANEL, LHF LAMP, F. BUMPER

Is the vehicle still in use? NO When and where can it be inspected ANY TIME AT AUTOFIT KENYA (OPP. YAYA CENTRE)

OTHER VEHICLES INVOLVED

Name and address of the owner	Registration number	Name of insurer	Other property damaged
NILL			

PERSONS INJURED

Name and address of the injured	Relationship to the insured	Registration number of vehicle	Apparent injuries
NILL			

INDEPENDENT WITNESS

Name

Telephone number

PASSENGERS IN YOUR VEHICLE

Name

Telephone number

MS HU SIYU

0796 116 666

DECLARATION

I/WE declare that the statements made in this claim form are true and correct. I/We also declare that in case I/WE have made any untrue statement(s) or concealed any material fact, then the benefits under this policy will automatically be forfeited.

Date 18/7/2021 Signature 江波

Stamp (if corporate)





Endeavors
Insurance
Agency

☒ NEW ☐ RENEW

MOTOR VEHICLE PROPOSAL FORM

TO:

INSURER:

MUA

POLICY HOLDER

NAME:

W.J.J CONSTRUCTION KENYA CO. LTD

ADDRESS:

67961-00100 NBI

MOBILE:

0746 672 118

PIN:

POS1634477Z

PROFESSION:

CONSTRUCTION

ABOUT THE VEHICLE(S)

COVER PERIOD:

FROM 27, OCT, 2020

TO 26, OCT, 2021

REG. NO.	CHASSIS	ENGINE	MAKE	TYPE	RATING	YEAR	SUM OF INSURED
KCG 570B	—	AS PER LOGBOOK	—				780,000/-

☒ EXCESS PROTECTOR INCLUSIVE

☐ EXCESS PROTECTOR NOT INCLUSIVE

☒ PRIVATE MOTOR VEHICLE

☐ COMMERCIAL MOTOR VEHICLE

ABOUT THE PREMIUM

TOTAL SUM OF INSURED:

780,000/-

RATE:

3.5% + 0.25%

BASIC PREMIUM:

29,800/-

POLICY NO.:

4605/20/07/HO

☒ COMP

☐ TPO

OFFICIAL STAMP:

ENDEAVORS INSURANCE
AGENCY LTD.

PREPARE BY:

[Signature]

DATE:

24/10/2020

ENDEAVORS INSURANCE AGENCY LTD

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

P.O. BOX: 11696-00100

EMAIL: claim@eiakenya.com

FILE COPY CERTIFICATE OF INSURANCE



No : C21959959

POLICY HOLDER : W.J.J KENYA CONSTRUCTION CO LTD

POLICY No : 4605/2007/HO (COMP)

COMMENCING DATE : 27/10/2020

TIME : 00:00

EXPIRING: 26/10/2021

REGISTRATION No : KCG570B

CHASSIS NUMBER : GRS180-0078368

ISSUED BY : MUA Insurance (Kenya) Ltd

SIGNED

PHONE NO : +254757741399

PRIVATE CAR



DUPLICATE CERTIFICATE OF INSURANCE

No : C21959959

POLICY HOLDER : W.J.J KENYA CONSTRUCTION CO LTD

POLICY No : 4605/2007/HO (COMP)

COMMENCING DATE : 27/10/2020

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CHASSIS NUMBER : GRS180-0078368

ISSUED BY : MUA Insurance (Kenya) Ltd

SIGNED

PHONE NO : +254757741399

PRIVATE CAR

CERTIFICATE OF INSURANCE



No : C21959959

POLICY HOLDER : AS PER POLICY

POLICY No : 4605/2007/HO (COMP)

COMMENCING DATE : 27/10/2020

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ISSUED BY : MUA Insurance (Kenya) Ltd

SIGNED

PHONE NO : +254757741399

PRIVATE CAR

MAKE : TOYOTA

MODEL : DBA-GRS180

SUM INSURED : KSh 780,000.00

ISSUING OFFICE : MUA Insurance (Kenya) Ltd

INTERMEDIARY IRA NO : IRA/05/33607/2020

INTERMEDIARY : Endeavors Insurance Agency Ltd

MUA Insurance (Kenya) Ltd
in collaboration with Association of Kenya Insurers,
hereby certify that Policy of Insurance
(Ref number : 4605/2007/HO)
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).

PLEASE ENSURE THAT THIS CERTIFICATE IS PRINTED IN COLOUR



DRIVING LICENCE



REPUBLIC OF KENYA

JAMHURI YA KENYA



SURNAME
JIANG

OTHER NAMES
BO

DATE OF BIRTH
14.12.1968

SEX
MALE

BLOOD GROUP

NATIONAL ID No
A10123544

LICENCE No
IDL-AATPH2

DATE OF ISSUE
25.01.2019

DATE OF EXPIRY
25.01.2022

COUNTY OF RESIDENCE
NAIROBI



DI. BO

4219009981974630



