

Case No; B11088705
Policy No; 010/0801/254206/2020/08 (comp)
Comm; 06/08/2020
Exp; 05/08/2021
KCP 1947
Shilany Gen Ins Comp.
Commercial vehicle

Case No; B11364691
Policy No; 010/0801/254206/2021/02
Comm; 22-2-21
Exp; 21-2-22
Shilany General Ins Comp. Ltd
KCP 871M

REPUBLIC OF KENYA
THE KENYA POLICE

ABSTRACT FROM POLICE ON A ROAD ACCIDENT

To: The officer i/c Division Date 9/7/2021
P.O. Box 290, Kigumo Our ref. KCP 871M
Police ref. KCP 871M

I/we understand that your Police Station received a report of an accident involving
of (address) Kigumo Police
Which occurred on (date) 28/6/2021 at (time and place) 0800hrs
involving vehicle(s) Reg. No. KCP 1947 make Igua pickup
and KCP 871M make Howu Thoker.
Name of police station where accident reported Kigumo

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. Kigumo
Company P.O. Box 9645-00100 Nairobi
(b) Name of the Insurance Company Shilany Gen Ins. Comp. Ltd

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 Kigumo Camp By Shilany Gen Ins
(b) Vehicle registration No. Construction

4. Name of charge.

5. Court Case File No. Traffic Charge Reg. No.

6. Name of Investigation Officer PC Muthemi

7. Result of investigations or prosecutions (if known)

8. Accident Register/OB Number 11 and date 28/6/2021

9. Persons Injured Name Class of Person Address Nature of Injury

As per Attached List

10. Name of Witnesses
Jawa Kise
Name Kigumo
PC Muthemi
Date 9/7/2021

Address
Box 9645-00100 Nairobi
Box 9645-00100 Nairobi
Box 290 Kigumo
(Signed)



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

Signature of Person/Company
Applying for the abstract

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