The Jubilee Insurance Company of Kenya Limited
Head Office:
Jubilee Insurance House, Wabera Street,
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya
Tel: +254 20 3281000
Email: jic@jubilee kenya.com

Mombasa:
Jubilee Insurance Building, Moi Avenue,
P.O. Box 90220 - 80100, Mombasa, Kenya
Email: mombasa@jubileekenya.com

Kisumu:
Jubilee Insurance House, Oginga Odinga Road,
P.O. Box 378 - 40100, Kisumu, Kenya
Email: kisumu@jubileekenya.com

DIRECTIONS:

- *All questions must be answered in full, in BLOCK letters, in your own handwriting or to your dictation.*
- *The issuing of this form is not to be taken as an admission of liability by the insurers.*
- *Neither owner nor driver may admit fault or liability for this accident.*
- *Do not answer communications about this accident. Direct this to the Insurance Company for action.*
- *Repairs must not be authorised without prior authority of the Insurance Company*

CLAIM NO. [ ] **BROKER'S/AGENT'S REF. NO.** [15271 7]

1. INSURED

Name of Insured in full [Anne Cathenne Alungi]

Postal address [19002] Postal code [00100]

Telephone - Office [ ] House [ ] Mobile [0725504482]

Email [cathenjomoudi@yahoo.com]

Occupation/nature of business [MCA Nairobi]

2. POLICY

Policy no. [P/no. 101/1002/2018/006094. Comp.]

When does the Policy expire? [day/month/year]

Is there any hire purchase interest? Yes ☐ No ☑

If yes, give details [N/A.]

PARTICULARS OF THE VEHICLE

Make/model [Mercedes C200class]

When was the vehicle manufactured? year [2010] H.P./C.C. [ ]

Vehicle registration no. [KCL 814V] Carrying capacity [5]

Trailer registration no. [ ] Carrying capacity [ ]

Name and address of owner [Anne Cathenne Alungi]

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

Personal use

(if applicable)

Description of goods being carried

Name of owner of goods

Was the trailer attached? Yes ☐ No ☐

Weight of load - Vehicle Trailer

5. DRIVER

Name and address of driver Anne Catherine Akinyi

What is the driver's date of birth? day/month/year 14/07/1976

Occupation MCA Nairobi

Telephone - Office Mobile 0725504482

Is the driver employed by you? Yes ☐ No ☑

How long has the driver been in your service? N/A

How long has the driver been driving motor vehicles? N/A

Was the driver in anyway to blame for the accident? Yes ☐ No ☑

Did the driver admit liability? Yes ☐ No ☑

Has the driver had previous accidents? Yes ☐ No ☑

If 'Yes' how many and approximate dates

N/A

Has the driver any conviction for any offence with any motor vehicle or any charges pending? Yes ☐ No ☑

If 'Yes' give details including dates

N/A

Was the driver driving with your permission? Yes ☐ No ☑

Does the driver hold a full or provisional license to drive this vehicle? self driven Yes ☐ No ☐

If full, state date when driving test was first passed

Does the driver own a motor vehicle? Yes ☑ No ☐

If 'Yes' give name and address of insurer Mercedes C200 Jubilee Insurance

Driver's Policy no. WE7

6. ACCIDENT

Place of accident: [illegible] road

Type of road surface: Tarmac | Visibility: [illegible] | Wet/dry:

What lights were showing on your vehicle? Indicator to turn

What warning did your driver give?

Estimated speed before accident occurred: 20 km/hr | Weather conditions: dry/normal

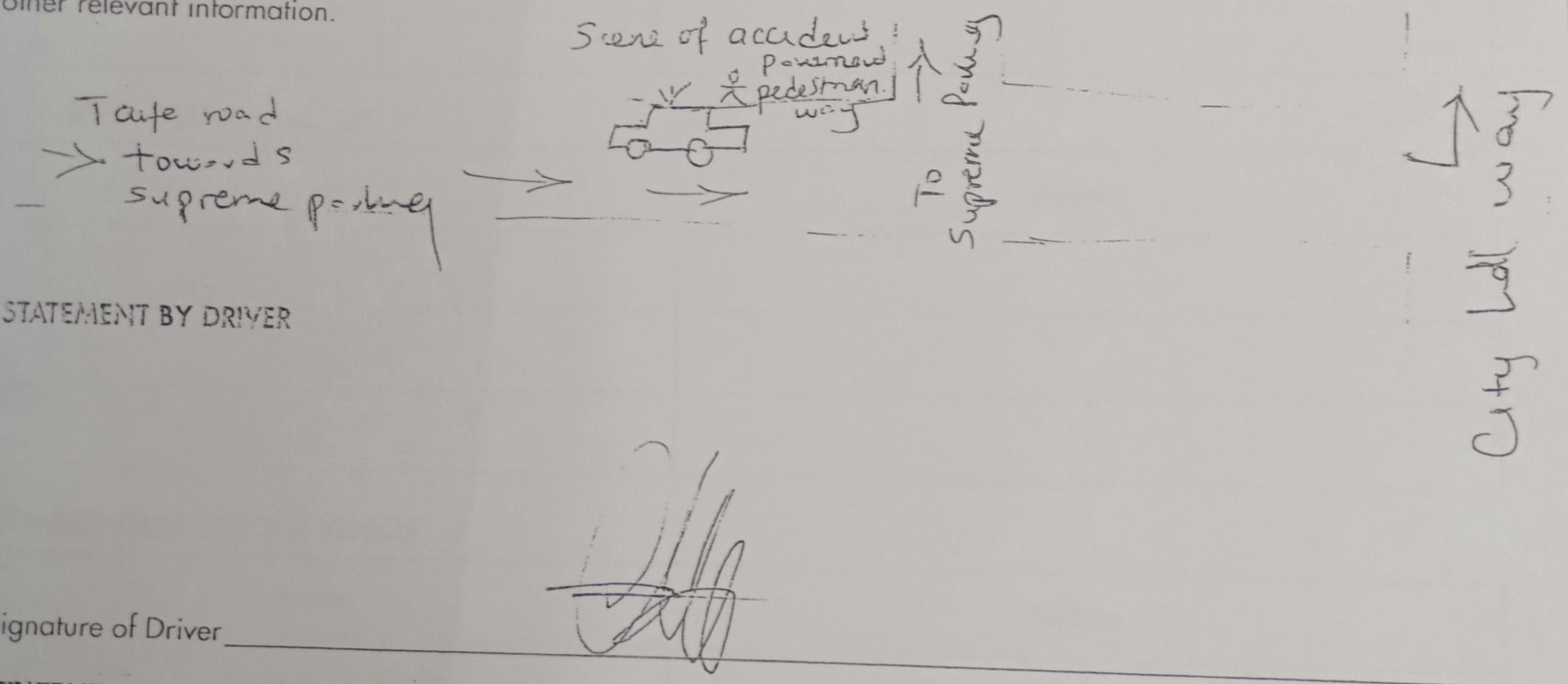
Did Police take particulars? Yes ☒ No ☐

If 'Yes' Constable's/Officer's Police no. and station: Constable Mulicent/Central Police Station

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

8. PLAN OF ACCIDENT

Draw a 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, speed marks, pedestrian crossing and any other relevant information.



9. STATEMENT BY DRIVER

Signature of Driver

10. STATEMENT BY OWNER OR INSURED

I was driving towards Supreme Court parking and did not see the pedestrian walking on the pavement as I was concentrating to turn into the parking. Then I felt something hit the left side mirror and I stopped and put a hazard. A man come to the car and Claimed I broke his arm

11. DAMAGE TO INSURED VEHICLE

State briefly apparent damage

Slight bend of the left hand side mirror

(In all cases where your vehicle is damaged and you are entitled to claim under your policy, please send at once to The Jubilee Insurance Company of Kenya Limited an estimate for repairs.)

Name and address of repairer

Telephone

Is the vehicle still in use?

Name and address of owner	Registration no.	Policy no	Certificate no.	Extent of damage

Name and address of driver

13. PERSONS INJURED

Name and address	Relationship to Insured	If driver or passenger, registration no. of vehicle	Apparent injuries
Willis Gakua 0725 964111	NON	yes	Broken arm

14. INDEPENDENT WITNESSES

Name	Address

15. PASSENGERS IN YOUR VEHICLE

Name	Address
Cecilia Isdora Adhiambo	0723364200

DECLARATION

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

Date 8/03/19 Signature of Insured