

GEMINIA INSURANCE COMPANY LIMITED

6TH FLOOR GEMINIA INSURANCE PLAZA KILIMANJARO AVENUE

P.O. BOX 61316 CITY SQUARE NAIROBI 00200 KENYA

TELEPHONE: 2782000 FAX: 2782100 Email: info@geminia.co.ke

CLAIM NO.

POLICY NO.

GOODS IN TRANSIT CLAIM FORM

Please answer questions fully and return this form to the Company with relevant documents in support

Name of Insured.....

Address.....

Business

Telephone No. Contact Name

1. date of Loss Place of Loss

2. Describe how the loss/damage occurred

N.B.: If the vehicle was unattended at the time of loss, how was it secured?

3. Was the matter reported to the Police?

If so, state location of Police Station.....

and Date of Report..... and supply a copy of the Police Report of the incident.

4. Were the goods being carried in your own vehicle?.....

If so, please state registration details of vehicle.....

and the name of the Insurer of the vehicle

5. If the loss/damage arose out of a motor vehicle accident please identify all vehicles and owners involved

Registration Details	Vehicle	Name & Address of Owner
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6. If the goods were not being carried in your own vehicle please state mode of transport i.e

Road/Rail/Aircraft/Inland Water/Coastal water

Note: If the loss or damage arose out of a road accident, please complete question 5.

7. State name and address of carried of goods claimed for

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Were the goods being carried : Owners Risk or Carrier's Risk?

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(P.T.O)

