

MOTOR CYCLES

Agency _____ C/Note _____ Policy No. _____
 A/C No. _____ Client No. _____

GEMINIA INSURANCE COMPANY LIMITED
P.O. BOX 61316 CITY SQUARE, NAIROBI 00200 KENYA
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PROPOSAL FORM FOR MOTOR CYCLES

1. Full name of proposer(s) (In Capitals) _____
2. K.R.A'S Personal Identification Number (P.I.N.) _____
(Please attach copy)
3. Postal Address _____ Code _____ Town _____
4. Tel. No. _____ Email Address (optional) _____
5. Profession or Occupation _____
6. What is your age? _____
7. Residential Address (in full) _____
8. Period of Insurance required for _____ months from _____ to _____

Registered Letters and Numbers	Maker's No	Make of Motor Cycle State if Sidecar or other attachment will be used	Cubic Capacity of engine in cubic centimetres	Date of Manufacture	Seating Capacity of Sidecar (if any)	Proposer's Estimate of: (a) Present Value (b) Accessories therein

- | | |
|---|---|
| 9. (a) Will the Motor Cycle be used exclusively for pleasure purposes?
(b) If not state for what Purpose it will be used. | a) _____
b) _____ |
| 10. Are you the owner of the Motor Cycle and is it registered in your name?
(if not state the name and address of the owner(s) in whose name the Motor Cycle is registered). | |
| 11. Particulars of Insurance required:-
Delete items not applicable | a) Comprehensive
b) Third Party Fire and Theft
c) Third Party Only. |
| 12.(a) Date of purchase by you of Motor Cycle(s) and Sidecar (if any)
(b) Whether new or Second Hand
(c) Value (Kshs.) | a) _____
b) _____
c) _____ |
| 13. (a) Will passengers be carried otherwise in the Sidecar?
(b) If no Sidecar is attached will passenger be carried? | a) _____
b) _____ |
| 14. (a) Will Motor Cycle be driven SOLELY by you?
(b) If not, by whom? | a) _____
b) _____ |
| 15. Do you or any other person who to your knowledge will drive, suffer from defective hearing or from any physical infirmity? | |

Note:- Please read this Form carefully and give a definite answer to each question. Ticks and Dashes cannot be accepted as answer.

16. Have you or any other person, who to your knowledge will drive been convicted of any offence in connection with the driving of any Motor Vehicle during the past five years? If so, give brief details

17. How long have you been driving Motor Cycles continuously?

18. Are you now or have you been insured in respect of any Motor Vehicle? If so, please state name of Company or Underwriter

19. Has any Company or underwriter ever:-

a) Declined your proposal? a) _____

b) Required an increased premium? b) _____

c) Required you to bear the first portion of any loss? c) _____

d) Refused to renew or cancelled your policy? d) _____

20. Give record of accidents and/or losses during the past three years in connection with any Motor Cycle owned and/or driven by you whether insured or uninsured including any claims outstanding.

Total Number of Accidents and Losses

Year	Total No. of Motor Cycle owned by Proposer	Total No. of Accessories and Losses		Damage to Proposer's Motor Cycle		Third Party		Other Losses	
				No.	Amount Kshs.	No.	Amount Kshs.	No.	Amount Kshs.
20__			Paid						
			Outstanding						
20__			Paid						
			Outstanding						
20__			Paid						
			Outstanding						

I/We hereby agree to accept a Policy subject to Policy Excesses, Restrictions and any other Terms and Conditions as **Geminia Insurance Co. Ltd.** may deem necessary.

I/We desire to insure with **GEMINIA INSURANCE CO. LTD.** The Motor Motor Cycle(s) described in the above proposal and I/We hereby warrant that the above statements and particulars are true and I/We have not suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the Company, and I/We agree to accept the Company's usual form of Policy for Insurances of this nature. I/We undertake that the Motor Cycle to be insured shall not be driven by any person who to my/our knowledge has been refused any motor Motor Cycle insurance or continuance thereof.

I/We further agree that if proposal or any particular is filled by any other person, such person shall be deemed my/our agent and not the agent of the Company.

Date _____ Signature of Proposer(s) _____

Liability does not begin until this proposal has been accepted by the Company and the Premium paid, except, as provided by any official cover note issued by the Company.