GEMINIA INSURANCE COMPANY LIMITED
Head office: Le'Mac, 5th Floor
P.O. Box 61316-00200, Nairobi
Tel: 2782000 Fax: 2782100
Email: info@geminia.co.ke
www.geminia.co.ke

CASH IN TRANSIT
TRANSIT CLAIM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicants own handwriting or to his dictation.

PARTICULARS OF CLAIM

Name of Insured in full _____ Tel. No _____

Policy No. _____ Date of payment or last premium _____

Address _____

I. When did loss occur? Date _____ Time _____ (am/pm)

2. When was loss discovered? Date _____ Time _____ (am/pm)

3. By whom was toss discovered? Name _____

4. Where did loss occur? _____

5. Amount of loss Ksh _____

6. Pleasestate starting point and destination of "Transit" and describe fully the circumstances in which the loss took place

_____

7. State (a) date loss notified to Police _____

(b) name and address of Police Station _____

8. Have you any suspicions as to parties implicate? Yes☐ No☐

If so, Give full Particulars _____

9. (a) Was any employee of yours involved? Yes☐ No☐

(b) If so please give? Name _____ Age _____ Address _____

10. (a) How often is a transit made? _____

(b) How many employees are engaged therein? _____

(c) What is the maximum amount in transit at any one time? _____

11. Are you insured elsewhere in respect of this risk? _____

12. Have you previously suffered loss of this nature? Yes☐ No☐

If so, give details _____

13. Have you ever had an insurance of this nature declined or terminated? Yes☐ No☐

14. (a) Are any of your employees insured under a Fidelity Guarantee Policy? Yes☐ No☐

(b) If so, state with which Company_____

I/We solemnly declare that the money forming the subject of this claim, belonging to me/us and insured under the said Policy, was either stolen or lost in the manner indicated, and that the amount stated represents the sum I/We am/are entitled to claim in terms of the Policy and of the instructions annexed thereto.
I/We further declare that no other person has any interest in the said money, that it is not otherwise insured except as herein mentioned, that I/We have not withheld any material information and that all the statements on this form are to the best of my/our knowledge and belief, correct.

Witness my hand this_____day of_____20_____

Signature of Claimant_____Occupation_____

Private Address_____Business Address_____

Telephone No_____Witness_____

Address _____

INSTRUCTIONS REGARDING CLAIMS
N.B - The statement Claim duly completed should be delivered to the Company immediately
1. Discovery of Loss.
The Insured must take promptly all practicable steps, including the giving of immediate notice to the Police for discovering and punishing the guilty party, if any and for tracing and recovering the property lost
2. Accuracy of Statements.
It is a condition of the Policy that it shall be void if any false statement or declaration is made in support of the claim.
Its therefore important that care should be exercised in completing this claims form.
3. Particulars of Claim.
Replies to questions should be as full as possible and any suspicions as to parties implicated should be communicated to the Company