**GEMINIA INSURANCE COMPANY LIMITED**
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# TANKERS AND GENERAL CARTAGE
## PROPOSAL FORM
**(VEHICLES USED FOR HIRE OR REWARD)**

**INSTRUCTIONS:**
- Please read carefully and fill out the entire document.
- All questions must be answered in full, in BLOCK letters in the applicant's own handwriting or dictation.
- Submit a Certificate of Incorporation, KRA pin certificate with this application.

1 .Full name of proposer(s) (In Capitals)_____

2. K.R.A Personal Identification Number (P.I.N.)_____ National ID/Passport No._____

3. Postal Address _____ Code _____ Tel. No. _____

4. Profession or Occupation_____

5. Email Address _____

6. What is your age?_____

7. Residential Address (in full)_____

8. Period of Insurance required for_____ Months from_____ To _____

9. Is each vehicle/trailer a) Your Property ☐ Yes ☐ No
b) Transferred to your name ☐ Yes ☐ No

10. Name of intermediary, if any_____

11. If a Hire Purchase Company is interested in the vehicle/trailer state the name of such company and indicate which vehicle/trailer

_____

| Registered Letters and | Make of Vehicle/ Trailer | Cubic Capacity of Engine | Year of Manufacture | Maximum carrying Capacity in Tonnes | Date of Purchase | Price paid by Proposer (Kshs.) | Proposer's Estimate of: (a) Present Value (b) Accessories therein (Kshs.) |
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***Please ensure a copy of vehicle logbook is attached.**

12. State type of cover required (delete insurance not required) ☐ (a) Third Party Only ☐ (b) Third Party Fire and Theft ☐ (c) Comprehensive

13. Any other benefits? (Additional premium will be charged for each benefit) ☐ (a) Own Damage Excess Protector ☐ (b) Terrorism and political violence ☐ (c) Passengers Legal Liability (PLL)

14. (a) State full purpose for which the Vehicle(s) will be used_____

(b) What is the general nature of the goods carried?

16. To the best of your knowledge and belief, have you or has any other person who will drive, suffer
(a) i) defective vision or hearing? ☐ Yes ☐ No
ii) now, or within the last 5 years experienced diabetes, fits or any complaints of the heart? ☐ Yes ☐ No
iii) any other physical or mental infirmity? ☐ Yes ☐ No

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If so give details
b) been convicted of any offence in connection with the driving of any Motor Vehicle? If so give date and nature of penalty. ☐ Yes ☐ No
c) Only passed his driving test during the past 24 months? ☐ Yes ☐ No
d) has less than 36 months experience of driving omnibuses or heavy lorries? ☐ Yes ☐ No

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If so, give details _____

_____

_____

17. (a) Will the Vehicle(s) be driven by any person under 25 years of age? If so state name(s), length of driving, experience and details of all accidents or losses during the past 3 years _____

(b) Will the Vehicle(s) be driven by any person with less than 3 years driving experience on a full licence? _____

If so give name(s) and length of driving experience _____

**NOTE: The insurance may be inoperative or special restrictive terms applied for drivers under age 25 years**

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## GENERAL INSURANCE HISTORY

a) Are you currently insured in respect to the above risks? ☐ Yes ☐ No

If yes state: Insurance Company _____ Expiry Date _____

b) Has any insurer

i) Declined to insure you? ☐ Yes ☐ No

ii) Required special terms to insure you? ☐ Yes ☐ No

iii) Cancelled or refused to renew your insurance? ☐ Yes ☐ No

iv) Or increased your premium on renewal? ☐ Yes ☐ No

## CONSENT & DECLARATION

Geminia Insurance Company Limited is committed to protecting the fundamental human right to privacy of those with whom we interact. We recognize the need to safeguard personal data that is collected or disclosed to us as part of the know-your-customer information required by us in order to provide you with the requisite financial product or service.

We are committed to complying with the requirements of the Data Protection Act and the attendant regulations as well as best global best practices regarding the processing of your personal data. In this regard, you are required to acquaint yourselves with our data privacy statement (https://www.geminia.co.ke/docs/.pdf) which is intended to tell you how we use your personal data and describes how we collect and process your personal data during and after your relationship with us. As part of our engagement with you, we would like to communicate with you, where necessary, via email, WhatsApp, SMS, telephone, or post. To this end, we seek your consent to use your data in the following ways.

1. Collect, use, disclose, and/or process, and/or store your personal data that are relevant to your financial product or service and as permitted by law.
2. Collect, share, and transfer your personal data as described in our Data Privacy Statement published on our website (https://www.geminia.co.ke/docs/.pdf). Any such transfer to third parties shall be as per the requirements provided in law with adequate safeguards to respect and uphold your privacy.

By selecting the channel(s) below, I consent to receiving marketing information about Geminia Insurance Company's products and services as well as confirming the preferred channel to communicate with you.

☐ SMS ☐ WhatsApp ☐ Email ☐ Telephone

## DECLARATION

I/We do hereby declare that to the best of my knowledge and belief that the statements set forth herein are true and complete. Further, no material facts have been missed or misrepresented. I/we agree that the proposal together with any other information supplied shall form the basis of any contract.

Name of person completing the proposal form _____

Designation_____ Date _____

Signature_____Official company rubber stamp_____

**NOTE:**

1. The Insurer shall accept a policy subject to excesses, restrictions, terms & conditions Geminia Insurance Company Limited may deem necessary.
2. The Insured undertakes to inform the insurer of any material alteration whereby the risk has increased and the insurers reserve the right to modify the terms of the policy.