GEMINIA INSURANCE COMPANY LIMITED
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MOTOR COMMERCIAL OWN GOODS
PROPOSAL FORM
(EXCLUDING USE FOR HIRE & REWARD)

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

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

2. KRA Pin No:_____ National ID/ Passport No._____ (Please attach a copy)

3. Profession or Occupation_____

4. Postal Address:_____ Code_____ Tel No._____

5. Email Address_____

6. What is your age?_____

6. Residential Address (in full)_____

9. Period of Insurance required for_____ months From_____ To_____

10. Is each vehicle/trailer a) Your Property ☐ Yes ☐ No

b) Transferred to your name ☐ Yes ☐ No

11. Name of intermediary, if any_____

12. If a hire purchase company is interested in the vehicle/trailer state, the name of such company and indicate which vehicle/trailer_____

DETAILS OF THE VEHICLE TO BE INSURED

Registered Letters and Numbers	Maker's of vehicle/trailer	Cubic capacity of engine	Year of manufacture	Maximum carrying capacity in tonnes	Date of purchase	Price paid by Proposer	Proposer's estimate of; a) Present Value b) Accessories thereon

***Please ensure a copy 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? ☐ a) Own damage excess protector ☐ b) Terrorism and political violence
(Additional premium will be charged for each benefit) ☐ c) Passenger's legal

Note: Please read this form carefully and give a definite answer to each question. Ticks and dashes cannot be accepted as an answer unless requested

14. a) State the full purpose for which the vehicle(s) will be used _____

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

c) If you operate as a sub-contractor to another operator, give their names and details

_____

15. a) Has any vehicle/trailer been altered or adapted to carry a load heavier than stated in the maker's publisher specification? ☐ Yes ☐ No

b) Will any vehicle/trailer be used to carry a load heavier than the maximum carry capacity? ☐ Yes ☐ No

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 and mental infirmity? ☐ Yes ☐ No

If so give details

b) been convicted of any offense in connection with the driving of any Motor Vehicle? ☐ Yes ☐ No

If so give the date and nature of the penalty _____

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

If so, give details _____

_____

17. a) Will the Vehicle(s) be driven by any person under 25 years of age? ☐ Yes ☐ No

If so state name(s), length of driving experience and details of all _____

b) Will the vehicle(s) be driven by any person with less than 3 years of driving experience on a full license ? ☐ Yes ☐ No

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

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

GENERAL INSURANCE HISTORY

a) Are you currently insured with 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

Part 4 Consent and Declaration form

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://geminia.co.ke/data-privacy-statement/) 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://geminia.co.ke/data-privacy-statement/). 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 mis-represented. I/we agree that the proposal together with any other information supplied shall form the basis of any contract of insurance effected thereon.

Name of person Completing the Proposal form_____

Designation_____ Date_____

Signature_____ Official Company Rubber stamp_____

NOTE:

1. The Insured 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 insurer reserve the right to modify the terms of the policy.