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GEMINIA INSURANCE CO.LTD.

MOTOR FLEX
PROPOSAL FORM
(EXCLUDING HIRE AND REWARD)

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicant's own handwriting or to his dictation.
- Submit a Certificate of Incorporation, KRA Pin Certificate, National ID or Passport Copy with this application.

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

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

c) E-mail address_____

3. Postal Address_____ Code _____ Tel. No._____

4. Profession or Occupation_____

5. What is your age? _____

6. Residential Address (in full)_____

7. Period of Insurance required for_____ months from_____ to _____

8. Name of intermediary, if any_____

Registered Letters and Numbers	Make	Type of Body	Cubic Capacity or Horse Power	Year of Manufacture	i) Engine & ii Chassis Numbers	Seating Capacity Including Driver	Proposer's estimate of: (a) Present Value (b) Accessories thereon

*Please ensure a copy of vehicle logbook is attached.

8. State the type of cover required:-	a) Comprehensive ☐ b) Third Party Fire and Theft ☐ c) Third Party Only ☐
9. Any other benefits: (tick benefits selected) Additional premium will be charged for each benefit.	a) Loss of use: i) 10days ☐ ii) 20days ☐ iii) 30days ☐ b) Own Damage Excess Protector ☐ c) Terrorism and Political Violence ☐ d) Life Rider ☐ e) Theft excess protector ☐
10. Are there any non-standard accessories on the vehicle? (Spot lamps, roof rack, radio, sunshade etc) If so, state a) Type of accessory b) Value of each (unless declared, accessories are not covered)	a) b)
11. (a) Will the car be used exclusively for social, domestic and pleasure purposes?	(a)

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

(b) If not state for what purpose it will be used. i) For professional purpose? ii) Personally in connection with your own or your employer's business? iii) By employees or other parties in connection with your own or your employer's business? iv) For the carriage of samples or farm requisities, produce or livestock?	(b) i) ii) iii) iv)
12. a) Are you the owner of the vehicle and is it registered in your name? (if not state the name and address of the owner(s) in whose name it is registered) b) Is the vehicle subject to any hire purchase agreement or any other lien? If so, H.P. Loan Agreement with	
13. Date of purchase by you, price paid and whether new or second hand?	
14. If more than one car is to be insured, how many will be used at a time?	
15. (a) Do you hold a provisional or permanent driving licence? (b) Date of issue of first permanent driving licence in Kenya? (c) Will anyone holding a provisional licence drive the vehicle?	
16. Do you or any other person who to your knowledge will drive, suffer from defective hearing or from any physical infirmity?	
17. Have you or any other person who to your knowledge will drive been convicted of any offence in connection to driving any motor vehicle during the past five years? If so, give briefs details	

18. a) Do you suffer from any sight, hearing or any other impairment? Yes ☐ No ☐

If yes, please specify_____

b) Have you suffered from any serious injury or illness Yes ☐ No ☐

If yes, please give details_____

c) Are you at present in sound health and free of any physical disability? Yes ☐ No ☐

If no, please give details _____

d) Do you engage in hazardous sporting activities or past times? Yes ☐ No ☐

If yes, please give details_____

N.B, Please note that the following activities and others of a similar nature are not covered unless on a special arrangement, in which case additional premium will be charged:- aqualung diving, boxing, climbing or mountaineering necessitating the use of ropes or guides, football (except amateur football hang gliding, wild hunting, ice hockey, motor racing, motorcycle racing, parachuting, polo, potholing, power boating, racing other than on foot, rugby, show jumping, ski-ing or sledging, water skiing, ice skating, winter sports, wrestling including jud karate and any other unarmed combat yatching outside territorial waters and other hazardous occupations/activities.

e) Are there any circumstances relating with your occupation, health conditions, habits, past times and pursuits which would increase the risk of accident or bodily injury to yourself? Yes ☐ No ☐

If yes, please give details_____

19. Schedule of persons to be covered under personal accident section.

	Name	Occupation	Relation with the Insured	Date of Birth	Name of beneficiary	Cover Option Chosen
1						
2						
3						
4						
5						

20. Please state the kind of fuel the vehicle uses/how the engine is powered?

a) Petrol/Diesel ☐ b)Gasoline ☐ c) Electric ☐ d) Hybrid ☐

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

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 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.

PERSONAL ACCIDENT SECTION (Premiums inclusive of all levies)

STANDARD BENEFITS	OPTION 1	OPTION 2
Death	5,000,000	7,500,000
Permanent Total Disability (PTD)	5,000,000	7,500,000
Temporary Total Disability (TTD) - Weekly Benefit	10,000	12,500
Accidental Medical Expenses	200,000	400,000
Accidental Dental Expenses	10,000	10,000
Accidental Optical Expenses	10,000	10,000
Post Accidental Reconstructive Surgery	50,000	75,000
Artificial Appliances	50,000	75,000
Last Expense	150,000	200,000
Post Trauma Counselling	10,000	10,000
Annual Premium	**5,000**	**7,500**

FAMILY COVER	OPTION 1	OPTION 2
Insured	5,000	7,500
Spouse	4,000	6,000
Child 1	3,500	5,250
Child 2	3,000	4,500
Child 3	2,500	3,750
Any additional child	2,500	3,750