GEMINIA INSURANCE COMPANY LIMITED
Head office: Le'Mac, 5th Floor
P.O. Box 61316-00200, Nairobi
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MOTOR ACCIDENT
REPORT FORM

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.
- Submit a Certificate of Incorporation, KRA pin certificate with this application.

INSURED

Name _____

Business/Occupation _____ Address _____ Code _____

Town _____ Email Address _____

Tel. No (Landline) _____ Tel. No (Cell Phone) _____

POLICY

Policy Number _____ Expiry Date _____

Name of the company or Finance Company _____

VEHICLE

Make & Model _____ Reg. No. of Vehicle _____

Carrying Capacity _____ Reg. No. of Trailer _____ Carrying Capacity _____

HP/CC _____ Name and Address of Owner _____

USE

State the exact purpose for which the vehicle was being used at the time of the accident

_____

_____

COMMERCIAL VEHICLES

Description of goods being carried _____

Name and owner of goods _____ Was the trailer attached? Yes ☐ No ☐

Weight of load on a) Vehicle _____ b) Trailer _____

DRIVER

Name _____ Occupation _____

Date of Birth _____ Address _____ Code _____

Town _____ Email Address _____

Tel. No. (Cell Phone) _____ Is he/she employed by you? Yes ☐ No ☐

No of years in service _____ Was he/she driving with your Yes ☐ No ☐

Item No.	Full description of each article	Maker's No/Serial Number	Value(Kshs)
		Total	

Summary of Cover

Loss or damage to property by fire, theft or any accident or misfortune.

Main Exclusions

Loss or damage arising out of wear, tear, deterioration, mechanical breakdown or derangement, theft by servant, wilful acts, confiscation, contamination, theft from an unlocked vehicle, consequential loss, war, mutiny, riot and strike.

Part 4. General Insurance History

1. Are you currently insured for domestic package, fire, theft, computer or all risk policy? Yes ☐ No ☐

   If yes, please give the name of insurer_____

2. Have you ever suffered a loss in connection with all-risk insurance? Yes ☐ No ☐

   If yes, please give the details_____

3. Has any insurer

   i) Decline to insure you? Yes ☐ No ☐

   ii) Require 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 5 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 of insurance effected thereon.

Name of person Completing the Proposal form_____

Designation_____ Date_____

Signature_____

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.