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

# MOTOR VEHICLE THEFT
## 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

Policy No._____ Renewal Date_____

Name_____Business/Occupation_____

Address_____ Code _____Town_____

Email Address_____

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

### VEHICLE

Make & Model_____Reg. No. of Vehicle_____

HP/CC _____Year of Make _____Chassis No. _____

Engine No._____ Type of Body_____ Colour_____

Date vehicle first registered (from Log Book)_____Date of last service by whom_____

Marks and other special feature to help establish identity_____

Estimated value at time of loss_____Date of purchase_____

Name and Address of Owner_____

Is vehicle subject to a Hire Purchase Agreement Yes ☐ No ☐

State name and address of Finance Co._____

### PERSON IN CHARGE

Name_____Address_____

Occupation_____Date of Birth_____

For what purpose was the vehicle being used?_____

Was the vehicle being used with your permission? Yes☐ No ☐

### CIRCUMSTANCES OF LOSS

Date_____Time _____ Place _____

How long had the vehicle been unattended?_____

Were all the vehicle doors locked?_____

How was the vehicle otherwise immobilised?_____

State fully what happened_____

_____

_____

Do your suspicions rest upon anyone and if so on whom?_____

**POLICE ABSTRACT**

Police Station to which loss was reported?_____

Date and time of report_____

Police "Criminal Report" No._____

**IF VEHICLE AND/OR ACCESSORIES RECOVERED**

Date recovered_____Time_____Where found_____

Nature of damage (please forward estimate for repairs)_____

Where is the vehicle now lying and in whose charge?_____

Are there any other insurance in force upon the vehicle? Yes ☐ No☐

**NB: WHEN RETURNING THIS FORM PLEASE ENCLOSE THE LOG-BOOK**

I Declare that these particulars are true and correct.

Date_____Signature of Insured_____

(For Official Use Only)

Claim No._____