GEMINIA INSURANCE COMPANY LIMITED
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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._____