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

PUBLIC LIABILITY
CLAIM NOTIFICATION

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or dictation

1. Policy holders name & address _____

_____

2. Business _____

3. Location _____

4. Date of accident _____

5. Date insured was notified and by whom

_____

_____

6. Name of witnesses and addresses

_____

_____

_____

_____

7. How did the accident /injury/damage take place

_____

_____

_____

8. Whose negligence caused/contributed to the accident /injury / damage

_____

_____

_____

_____

9. What was the injured doing in your business

10. Was the accident/ injury / damage reported to the police

11. Was the injured person taken to a hospital or medical practioner, if yes give name.

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief.

Date _____ Signed _____