

Agency _____

C/Note _____

Policy No. _____

A/C No. _____

Client No _____

GEMINIA INSURANCE COMPANY LIMITED
P.O. BOX 61316 CITY SQUARE, NAIROBI KENYA 00200 KENYA
TELEPHONE: 2782000 FAX: 2782100 EMAIL: info@geminia.co.ke

TANKERS AND GENERAL CARTAGE PROPOSAL FORM
(VEHICLE USED FOR HIRE OR REWARD)

1. Full name of proposer(s) (In Capitals) _____
2. K.R.A'S Personal Identification Number (P.I.N.) _____
 (Please attach copy of P.I.N. Certificate)
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 _____

Particulars of vehicle(s)/Trailer(s) to be insured

Registered Letters and Numbers	Make of Vehicle/Trailer	Cubic Capacity of Engine	Year of Manufacture	Maximum carrying Capacity in Tonnes	Date of Purchase	Price paid by Proposer (Kshs.)	Proposer's Estimate of:
							a) Present Value b) Accessories therein (Kshs.)

8. (a) State which Vehicle(s) and Trailer(s) are articulated units _____
- (b) State which Vehicle(s) are fitted with a towing attachment _____
- (c) Give details of registration of any other Trailers which you own _____

9. State type of cover required (Delete Insurance Not required)

	(a) Third Party Only	(b) Third Party Fire and Theft
	(c) Comprehensive	

10. (a) State full purposes for which the Vehicle(s)/Trailer(s) will be used _____
- (b) What is the general nature of the goods carried? _____
- (c) If you operate as a Sub-Contractor to another Operator give his name and details _____

11. (a) Has any Vehicle/Trailer been altered or adapted to carry a load heavier than stated in the maker's published specifications?
 Yes _____ No _____
- (b) Will any Vehicle/Trailer be used to carry a load heavier than the maximum carrying capacity? Yes _____ No _____

12. State total number of employees licensed to drive _____

13. To the best of your knowledge and belief have you, or has any other person who to your knowledge will drive suffer

(a) i) defective vision or hearing?	i) _____
ii) now, or within the last 5 years experienced diabetes, fits or any complaints of the heart?	ii) _____
iii) any other physical or mental infirmity?	iii) _____

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

If so give details

b) been convicted of any offence in connection with the driving of any Motor Vehicle? If so give date and nature of penalty _____ b) _____

c) only passed his driving test during the past 24 months? _____ c) _____ Yes/No

d) has less than 36 months experience of driving omnibuses or heavy lorries? _____ d) _____ Yes/No

14. (a) Will the Vehicle(s) be driven by any persons under 25 years of age? If so state name(s), length of driving, experience and details of all accidents or losses during the past 3 years _____

(b) Will the Vehicle(s) be driven by any person with less than 3 years driving experience on a full licence? _____

If so give name(s) and length of driving experience _____

NOTE: The Insurance may be inoperative or special restrictive terms applied for drivers under age 25 years

15. Are you now or have been insured in respect of any Motor Vehicle? If so, state Name and Branch Office of the Insurers and Policy No. (If known) _____

16. Has any Company underwriter ever:-

a) Declined your proposal? _____ a) _____

b) Required an increased premium or imposed special premiums? _____ b) _____

c) Required you to bear the first portion of any loss? _____ c) _____

d) Refused to renew or cancelled your policy? _____ d) _____

17. a) State the number of Motor Vehicle(s) /Trailer(s) (Including Motor Cycles) owned by you within each of the past three year:	Year	20	20	20
	Vehicle Owned			
	Trailer Owned			

Give particulars in the following schedule of all accidents or losses, during the past 36 calendar months in connection with all Vehicles/Trailers owned or driven by you or used by you, including the Vehicle(s) which is/are the subject of this proposal. All accidents and losses must be included whether insured or uninsured and whether resulting in a claim or not.

Date	Cost (Paid or estimated)	Nature of Payment (e.g. Own Damage, Third Party etc.)	Brief Details of the Incident

18. Is each Vehicle/Trailer.

a) Your Property? _____

b) Registered in your name? _____

19. If a Hire Purchase Company is interested in the Vehicle(s)/Trailer(s) } _____

State name of such Company and indicate which Vehicle(s)/Trailer(s) } _____

I/We declare to the best of my/our knowledge and belief that

a) the above answers are true

b) all material particulars affecting the assessment of the risk have been disclosed

c) the vehicle(s)/Trailer(s) are in sound and roadworthy condition and is/are operating under the current Vehicle Inspection Report(s)

I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in such contract.

I/We further agree that the Vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Insurance or continuance thereof.

Date _____ Signature of Proposer(s) _____

Name of Signatory in capital letters _____

If signing in an authorized capacity on behalf of the "The Proposer" state

i) whether as a Partner _____

ii) position in Company or Firm _____

Impress here with
Company's/Firm's
Rubber Stamp

Liability does not begin until this proposal has been accepted by the Company and the Premium paid, except as provided by any official cover note issued by the Company. Any untrue, incorrect or misleading answer to the above questions could make the Insurance invalid and inoperative in respect of claims arising.

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