

**GEMINIA INSURANCE COMPANY LIMITED**

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# CASH IN TRANSIT TRANSIT CLAIM

**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 to his dictation.

**PARTICULARS OF CLAIM**

Name of Insured in full \_\_\_\_\_ Tel. No \_\_\_\_\_

Policy No. \_\_\_\_\_ Date of payment or last premium \_\_\_\_\_

Address \_\_\_\_\_

1. When did loss occur? Date \_\_\_\_\_ Time \_\_\_\_\_ (am/pm)

2. When was loss discovered? Date \_\_\_\_\_ Time \_\_\_\_\_ (am/pm)

3. By whom was loss discovered? Name \_\_\_\_\_

4. Where did loss occur? \_\_\_\_\_

5. Amount of loss Ksh \_\_\_\_\_

6. Pleasestate starting point and destination of "Transit" and describe fully the circumstances in which the loss took place

\_\_\_\_\_

7. State (a) date loss notified to Police \_\_\_\_\_

(b) name and address of Police Station \_\_\_\_\_

8. Have you any suspicions as to parties implicate? Yes  No

If so, Give full Particulars \_\_\_\_\_

9. (a) Was any employee of yours involved? Yes  No

(b) If so please give? Name \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

10. (a) How often is a transit made? \_\_\_\_\_

(b) How many employees are engaged therein? \_\_\_\_\_

(c) What is the maximum amount in transit at any one time? \_\_\_\_\_

11. Are you insured elsewhere in respect of this risk? \_\_\_\_\_

12. Have you previously suffered loss of this nature? Yes  No

If so, give details \_\_\_\_\_

13. Have you ever had an insurance of this nature declined or terminated? Yes  No

14. (a) Are any of your employees insured under a Fidelity Guarantee Policy?

Yes

No

(b) If so, state with which Company \_\_\_\_\_

I/We solemnly declare that the money forming the subject of this claim, belonging to me/us and insured under the said Policy, was either stolen or lost in the manner indicated, and that the amount stated represents the sum I/We am/are entitled to claim in terms of the Policy and of the instructions annexed thereto.

I/We further declare that no other person has any interest in the said money, that it is not otherwise insured except as herein mentioned, that I/We have not withheld any material information and that all the statements on this form are to the best of my/our knowledge and belief, correct.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Claimant \_\_\_\_\_ Occupation \_\_\_\_\_

Private Address \_\_\_\_\_ Business Address \_\_\_\_\_

Telephone No \_\_\_\_\_ Witness \_\_\_\_\_

Address \_\_\_\_\_

**INSTRUCTIONS REGARDING CLAIMS**

N.B - The statement Claim duly completed should be delivered to the Company immediately

**1. Discovery of Loss.**

The Insured must take promptly all practicable steps, including the giving of immediate notice to the Police for discovering and punishing the guilty party, if any and for tracing and recovering the property lost

**2. Accuracy of Statements.**

It is a condition of the Policy that it shall be void if any false statement or declaration is made in support of the claim.

Its therefore important that care should be exercised in completing this claims form.

**3. Particulars of Claim.**

Replies to questions should be as full as possible and any suspicions as to parties implicated should be communicated to the Company