GEMINIA INSURANCE COMPANY LIMITED

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PROFESSIONAL INDEMNITY CLAIM FORM

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.a) Name of Insured	
b) Address	
2.Name of Third Party	
3.Present Address	
4.Occupation of Third Party	
5.Date of demand	
6.Nature of demand/negligence	
·	stances leading to the alleged negligence
I/We declare the foregoing particulars dealing with the matter.	to be true and correct and undertake to render assistance in my/our power in
Date	Signed

Address