

**GEMINIA INSURANCE COMPANY LIMITED**

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# **PUBLIC LIABILITY CLAIM NOTIFICATION**

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**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

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

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

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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 \_\_\_\_\_