

GEMINIA INSURANCE COMPANY LIMITED

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**MOTOR COMMERCIAL
 OWN GOODS
 PROPOSAL FORM**
 (EXCLUDING USE FOR HIRE & REWARD)

INSTRUCTIONS:

- Please read carefully and fill out the entire document.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or dictation.
- Attach a copy of Incorporation, **KRA pin certificate with this application.**

1. Full name of the proposer(s) (In Capitals) _____
2. KRA Pin No: _____ National ID/ Passport No. _____ (Please attach a copy)
3. Profession or Occupation _____
4. Postal Address: _____ Code _____ Tel No. _____
5. Email Address _____
6. What is your age? _____
6. Residential Address (in full) _____
9. Period of Insurance required for _____ months From _____ To _____
10. Is each vehicle/trailer

a) Your Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Transferred to your name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Name of intermediary, if any _____
12. If a hire purchase company is interested in the vehicle/trailer state, the name of such company and indicate which vehicle/trailer _____

Details of the vehicle to be insured

Registered Letters and Numbers	Maker's of vehicle/trailer	Cubic capacity of engine	Year of manufacture	Maximum carrying capacity in tonnes	Date of purchase	Price paid by Proposer	Proposer's estimate of; a) Present Value b) Accessories thereon

***Please ensure a copy vehicle logbook is attached**

12. State type of cover required (delete insurance not required)
 a) Third Party Only
 b) Third Party fire and theft
 c) Comprehensive
13. Any other benefits?
 a) Own damage excess protector
 b) Terrorism and political violence
 c) Passenger's legal
- (Additional premium will be charged for each benefit)**

Note: Please read this form carefully and give a definite answer to each question. Ticks and dashes cannot be accepted as an answer unless requested

14. a) State the full purpose for which the vehicle(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 their names and details

15. a) Has any vehicle/trailer been altered or adapted to carry a load heavier than stated in the maker's publisher specification? Yes No

b) Will any vehicle/trailer be used to carry a load heavier than the maximum carry capacity? Yes No

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

a) i) defective vision or hearing? Yes No

ii) now, or within the last 5 years experienced diabetes fits or any complaints of the heart? Yes No

iii) any other physical and mental infirmity? Yes No

If so give details

b) been convicted of any offense in connection with the driving of any Motor Vehicle? Yes No

If so give the date and nature of the penalty _____

c) Only passed his driving test during the past 24 months? Yes No

d) Has less than 36 months experience of driving omnibuses or heavy lorries Yes No

If so, give details _____

17. a) Will the Vehicle(s) be driven by any person under 25 years of age? Yes No

If so state name(s), length of driving experience and details of all _____

b) Will the vehicle(s) be driven by any person with less than 3 years of driving experience on a full license ? Yes No

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

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

GENERAL INSURANCE HISTORY

a) Are you currently insured with respect to the above risks? Yes No

If yes state: Insurance company _____ Expiry date _____

b) Has any insurer

i) Declined to insure you? Yes No

ii) Required special terms to insure you? Yes No

iii) Cancelled or refused to renew your insurance? Yes No

iv) Or increased your premium on renewal? Yes No

DECLARATION

I/We do hereby declare that to the best of my knowledge and belief that the statements set forth herein are true and complete. Further, no material facts have been missed or misrepresented. I/we agree that the proposal together with any other information supplied shall form the basis of any contract of insurance effected thereon.

Name of person Completing the Proposal form _____

Designation _____ Date _____

Signature _____

NOTE:

1. The Insured shall accept a policy subject to excesses, restrictions, terms & conditions Geminia Insurance Company Limited may deem necessary.
2. The Insured undertakes to inform the insurer of any material alteration whereby the risk has increased and the insurer reserve the right to modify the terms of the policy.