

# PRIVATE CAR PROPOSAL FORM

(EXCLUDING HIRE AND REWARD)

## INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicant's own handwriting or to his dictation.
- Submit a Certificate of Incorporation, KRA Pin Certificate, National ID or Passport Copy with this application.

1. Full name of proposer(s) (In capitals) \_\_\_\_\_
2. a) K.R.A Personal Identification Number (P.I.N.) \_\_\_\_\_ b) National ID/Passport No. \_\_\_\_\_
- c) E-mail address \_\_\_\_\_
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 \_\_\_\_\_
8. Name of intermediary, if any \_\_\_\_\_

| Registered Letters and Numbers | Make | Type of Body | Cubic Capacity or Horse Power | Year of Manufacture | i) Engine & ii Chassis Numbers | Seating Capacity Including Driver | Proposer's estimate of:<br>(a) Present Value<br>(b) Accessories thereon |
|--------------------------------|------|--------------|-------------------------------|---------------------|--------------------------------|-----------------------------------|-------------------------------------------------------------------------|
|                                |      |              |                               |                     |                                |                                   |                                                                         |
|                                |      |              |                               |                     |                                |                                   |                                                                         |
|                                |      |              |                               |                     |                                |                                   |                                                                         |
|                                |      |              |                               |                     |                                |                                   |                                                                         |

**\*Please ensure a copy of vehicle logbook is attached.**

- |                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. State the type of cover required:-                                                                                                                                                                               | a) Comprehensive <input type="checkbox"/><br>b) Third Party Fire and Theft <input type="checkbox"/><br>c) Third Party Only <input type="checkbox"/>                                                                                                                                                                                                                                                     |
| 9. Any other benefits: (tick benefits selected)<br>Additional premium will be charged for each benefit.                                                                                                             | a) Loss of use: i) 10days <input type="checkbox"/> ii) 20days <input type="checkbox"/> iii) 30days <input type="checkbox"/><br>b) Own Damage Excess Protector <input type="checkbox"/><br>c) Terrorism and Political Violence <input type="checkbox"/><br>d) Life Rider <input type="checkbox"/><br>e) Personal Accident <input type="checkbox"/><br>f) Theft excess protector <input type="checkbox"/> |
| 10. Are there any non-standard accessories on the vehicle? (Spot lamps, roof rack, radio, sunshade etc) If so, state<br>a) Type of accessory<br><br>b) Value of each (unless declared, accessories are not covered) | a)<br><br>b)                                                                                                                                                                                                                                                                                                                                                                                            |
| 11. (a) Will the car be used exclusively for social, domestic and pleasure purposes?                                                                                                                                | (a)                                                                                                                                                                                                                                                                                                                                                                                                     |

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

|                                                                                                                                                                                                                                                                                    |                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (b) If not state for what purpose it will be used.<br>i) For professional purpose?                                                                                                                                                                                                 | (b)<br>i)                                                                                                                                                         |
| ii) Personally in connection with your own or your employer's business?                                                                                                                                                                                                            | ii)                                                                                                                                                               |
| iii) By employees or other parties in connection with your own or your employer's business?                                                                                                                                                                                        | iii)                                                                                                                                                              |
| iv) For the carriage of samples or farm requisities, produce or livestock?                                                                                                                                                                                                         | iv)                                                                                                                                                               |
| 12. a) Are you the owner of the vehicle and is it registered in your name?<br>(if not state the name and address of the owner(s) in whose name it is registered)<br>b) Is the vehicle subject to any hire purchase agreement or any other lien?<br>If so, H.P. Loan Agreement with |                                                                                                                                                                   |
| 13. Date of purchase by you, price paid and whether new or second hand?                                                                                                                                                                                                            |                                                                                                                                                                   |
| 14. If more than one car is to be insured, how many will be used at a time?                                                                                                                                                                                                        |                                                                                                                                                                   |
| 15. (a) Do you hold a provisional or permanent driving licence?<br>(b) Date of issue of first permanent driving licence in Kenya?<br>(c) Will anyone holding a provisional licence drive the vehicle?                                                                              |                                                                                                                                                                   |
| 16. Do you or any other person who to your knowledge will drive, suffer from defective hearing or from any physical infirmity?                                                                                                                                                     |                                                                                                                                                                   |
| 17. Have you or any other person who to your knowledge will drive been convicted of any offence in connection to driving any motor vehicle during the past five years? If so, give brief details                                                                                   |                                                                                                                                                                   |
| 18. Please state the kind of fuel the vehicle uses/how the engine is powered?                                                                                                                                                                                                      | <input type="checkbox"/> a) Petrol/Diesel<br><input type="checkbox"/> b) Gasoline<br><input type="checkbox"/> c) Electric<br><input type="checkbox"/> d) Hydrogen |

### GENERAL INSURANCE HISTORY

a) Are you currently insured in 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

### CONSENT AND DECLARATION FORM

Geminia Insurance Company Limited is committed to protecting the fundamental human right to privacy of those with whom we interact. We recognize the need to safeguard personal data that is collected or disclosed to us as part of the know-your-customer information required by us in order to provide you with the requisite financial product or service.

We are committed to complying with the requirements of the Data Protection Act and the attendant regulations as well as best global best practices regarding the processing of your personal data. In this regard, you are required to acquaint yourselves with our data privacy statement (<https://geminia.co.ke/data-privacy-statement/>) which is intended to tell you how we use your personal data and describes how we collect and process your personal data during and after your relationship with us.

As part of our engagement with you, we would like to communicate with you, where necessary, via email, WhatsApp, SMS, telephone, or post. To this end, we seek your consent to use your data in the following ways.

1. Collect, use, disclose, and/or process, and/or store your personal data that are relevant to your financial product or service and as permitted by law.
2. Collect, share, and transfer your personal data as described in our Data Privacy Statement published on our website (<https://geminia.co.ke/data-privacy-statement/>). Any such transfer to third parties shall be as per the requirements provided in law with adequate safeguards to respect and uphold your privacy.

By selecting the channel(s) below, I consent to receiving marketing information about Geminia Insurance Company’s products and services as well as confirming the preferred channel to communicate with you.

☐ SMS    ☐ WhatsApp    ☐ Email    ☐ Telephone

**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.

Name of person completing the proposal form\_\_\_\_\_

Designation\_\_\_\_\_Date\_\_\_\_\_

Signature\_\_\_\_\_Official company rubber stamp\_\_\_\_\_

**NOTE:**

- 1. The Insurer 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 insurers reserve the right to modify the terms of the policy.