

**COMMERCIAL VEHICLE**

Agency \_\_\_\_\_ C/Note \_\_\_\_\_ Policy No. \_\_\_\_\_  
 A/C No. \_\_\_\_\_ Client No \_\_\_\_\_

**GEMINIA INSURANCE COMPANY LIMITED**  
**P.O. BOX 61316 CITY SQUARE, NAIROBI 00200 KENYA**  
**TELEPHONE: 2782000 FAX: 2782100 EMAIL: info@geminia.co.ke**

**COMMERCIAL VEHICLE PROPOSAL FORM**  
**(Excluding use of Hire and Reward)**

1. Full name of proposer(s) (In Capitals) \_\_\_\_\_
2. K.R.A'S Personal Identification Number (P.I.N.) \_\_\_\_\_  
 (Please attach copy of P.I.N. Certificate)
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 \_\_\_\_\_

**Particulars of Vehicle(s) to be insured**

Registered Letters and Numbers	Make	Type of Body	Cubic Capacity or Horse Power	Year of Manufacture	i) Engine & ii) Chasis Numbers	Carrying Capacity		Proposer's estimate of: (a) Present Value (b) Accessories thereon
						Passengers	Goods	

8. Are there any non-standard accessories on the vehicle? (Spot lamps, roof rack, radio, sunshade etc) If so, state  
 (a) Type of accessory \_\_\_\_\_  
 (b) Value of each (unless declared, accessories are not covered) \_\_\_\_\_

9. State fully the purpose for which the Vehicles will be used and the general nature of the goods to be carried	DESCRIPTION	MAXIMUM CARRYING CAPACITY	VALUE

10. Will Trailer(s) be attached to the Vehicle(s) If so, give details of each \_\_\_\_\_

11. Do you wish the Trailer(s) to be insured? If so, please state value of each \_\_\_\_\_

12. a) Is the vehicle your sole and absolute property? \_\_\_\_\_  
 b) If not, please give the name of financiers \_\_\_\_\_

13. Date of purchase by you and price paid and whether new or second \_\_\_\_\_

14. If more than one Vehicle to be insured how many will be used at a time? \_\_\_\_\_

15. a) Will any one holding provisional license drive the vehicle? \_\_\_\_\_  
 b) Give details of the driving experience of all persons who will drive the vehicles to be insured. \_\_\_\_\_

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

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 with driving of any motor vehicle during the past five years? If so, give brief details

18. Are the Vehicles at present in thorough state of repairs?

19. Give record of accidents and/or losses during the past three years in connection with any motor vehicle owned and/or driven by you whether insured or uninsured including any claims outstanding.

**Total Number of Accidents and Losses**

Year	Total No. of Motor Vehicles owned by Proposer	Total No. of Accidents and Losses	Damage to Proposer's Motor Vehicles		Third Party		Other Losses	
			No.	Amount Kshs.	No.	Amount Kshs.	No.	Amount Kshs.
20__								

20. State fully from your knowledge if the proposed Motor Vehicle met any accident or accident previously and the risk has been cancelled or declined by any Insurance Company. If so, by which Company and when?

21. Has any Company or underwriter ever:-  
 a) Declined your proposal?  
 b) Required an increased premium?  
 c) Required you to bear the first portion of any loss?  
 d) Refused to renew or cancelled your policy?

22. Are you entitled to "NO CLAIM DISCOUNT?" If so, for how many years up to this date have you previously been insured continuously without claim and with what Company? Please attach Renewal Notice/Certificate

23. Do you have any other vehicles insured with the Company? If so, give particulars. Policy No(s).

24. Particulars of Insurance required:-  
 Delete items not applicable  
 Average Clause shall be applicable

a) Comprehensive  
 b) Third Party Fire and Theft  
 c) Third Party Only  
 d) Ordinance Liabilities only

I/We hereby agree to accept a Policy subject to Policy Excesses, Restrictions and any other Terms and Conditions as **Geminia Insurance Co. Ltd.** may deem necessary.

I/We desire to insure with **GEMINIA INSURANCE CO. LTD.** The Motor Vehicle(s) described in the above proposal and I/We hereby warrant that the above statements and particulars are true and I/We have not been suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and the Company, and I/We agree to accept the Company's usual form of Policy for Insurances of this nature. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof.

I/We further agree that if proposal or any particular is filled by any other person, such person shall be deemed my/our agent and not the agent of the Company.

Date \_\_\_\_\_ Signature of Proposer(s) \_\_\_\_\_  
 Liability does not begin until this proposal has been accepted by the Company and the Premium paid, except, as provided by any official cover note issued by the Company