

MOTOR CYCLES

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@gemina.co.ke

PROPOSAL FORM FOR MOTOR CYCLES

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 _____ Town _____ Tel. _____
4. Email Address _____
5. Profession or Occupation _____
6. What is your age? _____
7. Residential Address (in full) _____
8. Period of Insurance required for _____ months from _____ to _____

Registered Letters and Numbers	Maker's No	Make of Motor Cycle State if Sidecar or other attachment will be used	Cubic Capacity of engine in cubic centimetres	Date of Manufacture	Seating Capacity of Sidecar (if any)	Proposer's Estimate of: (a) Present Value (b) Accessories therein

9. (a) Will the Motor Cycle be used exclusively for social, domestic and pleasure purposes? (a) _____
(b) If not state for what purpose it will be used. (b) _____

10. Are you the owner of the Motor Cycle and is it registered in your name?
(if not state the name and address of the owner(s) in whose name it is registered).

11. Particulars of Insurance required:-
Delete items not applicable

(a) Comprehensive
(b) Third Party Fire and Theft
(c) Third Party Only.

12. (a) Date of purchase by you of Motor Cycle(s) and Sidecar (if any) (a) _____
(b) Whether new or Second Hand (b) _____
(c) Value (Kshs.) (c) _____

13. (a) Will passengers be carried otherwise in the Sidecar? (a) _____
(b) If no Sidecar is attached, will passenger be carried? (b) _____

14. (a) Will Motor Cycle be driven SOLELY by you? (a) _____
(b) If not, by whom? (b) _____

15. Do you or any other person who to your knowledge will drive, suffer from defective hearing or from any physical infirmity?

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

16. Have you or any other person, who to your knowledge will drive been convicted of any offence in connection with the driving of any Motor Vehicle during the past five years? If so, give brief details.

17. How long have you been driving Motor Cycles continuously?

18. How long have you been insured in respect of any Motor Vehicle? If so, please state name of Company or Underwriter.

19. Has any Company or underwriter ever:-

(a) Declined your proposal? (a) _____

(b) Required an increased premium? (b) _____

(c) Required you to bear the first portion of any loss? (c) _____

(d) Refused to renew or cancelled your policy? (d) _____

20. 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 Vehicle owned by Proposer	Total No. of Accessories and Losses		Damage to Proposer's Motor Vehicle		Third Party		Other Losses	
				No.	Amount Kshs.	No.	Amount Kshs.	No.	Amount Kshs.
20__			Paid						
			Outstanding						
			Paid						
20__			Outstanding						
			Paid						
20__			Outstanding						

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 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 Motor Cycle to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Cycle 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.