



CIC AFRICA LIFE ASSURANCE UGANDA LIMITED

We keep our word

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website: www.cic.co.ke

CIC INDIVIDUAL LIFE CLAIM FORM

(Please complete this form and return it to us promptly. All questions must be fully answered.)

1. DETAILS OF COVERAGE

- i. Name of Insured:
- ii. Address:..... Tel:
- iii. Policy Number:
- iv. Effective date of policy:-----

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- i. Birth Date:----- Sex -----
 - ii. Nature of claim (tick as appropriate)
Death / Disability
 - iii. Causes of death/disability:-----

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 - iv. Date of death/disability:-----
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2. CLAIM PROCESSING REQUIREMENTS

Death Claim

- Certificate of Attending Physician
- LC Letter or an equivalent
- Death Certificate (Original & Copy)
- Copy of ID of Policy Holder and Beneficiary (Original & Copy)
- The Original Policy Document
- Police Abstract In case of Accidental Death (Original & Copy)
- Postmortem report In case of Accidental Death (Original & Copy)
- Copy of recent payslip(Checkoff)