

CIC AFRICA LIFE ASSURANCE LTD



INDIVIDUAL LIFE CLAIM FORM

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

DETAILS OF COVERAGE

Name of Insured: _____

Address: _____ Tel: _____

Policy Number: _____ Effective Date of Policy: _____

Birth Date: _____ Sex: _____

NATURE OF CLAIM (TICK AS APPROPRIATE)

Death

Disability

Cause(s) of death/disability: _____

Date of death/disability: _____

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)

CIC AFRICA LIFE ASSURANCE LTD.

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UGANDA | KENYA | SOUTH SUDAN | MALAWI

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