

CLAIM FORM

(Please complete this form and return it to us promptly. All questions must be fully answered. Blanks are not accepted.)

POLICY HOLDER

Full Names (As per ID): _____

Date of Birth: _____ Policy Number: _____

DECEASED

Full Names (As per ID): _____

Date of Birth: _____ Date of Death: _____

Relationship to the Life Assured: _____

Cause of Death: _____

TO WHOM BENEFITS ARE PAYABLE

Name: _____ Mobile No. _____

Bank: _____ Branch: _____ Account No. _____

Signature: _____ Date: _____

CLAIM PROCESSING REQUIREMENTS ATTACHED

Police abstract (for accidental death only)

LC 1 Letter

Death Certificate (for monthly upkeep benefit)

Any other documents that may be required

Copy of ID of claimant

DECLARATION BY CLAIMANT

I hereby declare that the statements above, whether in my own handwriting or not, are true and complete to the best of my knowledge and belief. I understand that CIC has a right to defer a claim under this policy until all requirements, as specified by CIC, have been met.

Name: _____

Signature: _____ Date: _____

DECLARATION BY (LC 1/NURSE/CLINICAL OFFICER/DOCTOR/PASTOR/BISHOP)

I (Name) _____ of _____ (Place of work), holding the title of _____ ID No. _____

hereby declare that I know the deceased person/child and confirm to you the death.

I further declare that the answers given above, to the best of my knowledge and belief, are true and full, and that we have withheld no material facts from CIC Africa Life Assurance Ltd.

Signature: _____ Date: _____ Official Stamp: _____

CIC AFRICA LIFE ASSURANCE LTD.

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UGANDA | KENYA | SOUTH SUDAN | MALAWI

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