

Certificate of Continued Disability



LIBERTY
In it with you

Liberty Life Assurance Kenya Limited
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Policy numbers

Life assured's name

Address

PLEASE ENSURE ALL QUESTIONS ARE FULLY COMPLETED

DECLARATION

I reside at the above address.

Yes

No

I am unable to earn any income due to my disability.

Yes

No

I am not earning any income from any other sources.

Yes

No

DISABILITY DETAILS

Physical impairments:

Functions I cannot perform

DOCTOR LAST CONSULTED REGARDING DISABILITY

Name

Telephone number

Signed at

Signature

Date

(Day)
(Month)
(Year)

DOCTOR'S DETAILS

THIS SECTION MUST BE COMPLETED

Date the client was last seen for this condition - -
(Day) (Month) (Year)

Current symptoms

Current treatment

When was the client last actively able to work? - -
(Day) (Month) (Year)

Doctor's name

Qualifications

Telephone number

E-mail

Signature

Date - -
(Day) (Month) (Year)

8. CONSENT & DECLARATION

I/We consent to Liberty Life Assurance Kenya Limited:

- (i) Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- (ii) Collecting and sharing my personal data in accordance with the privacy statement on its website (<https://www.liberty.co.ke/>);
- (iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- (iv) And/or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of all the statements and particulars entered in this claim form and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

Claimant's Signature:

Date: - -
(Day) (Month) (Year)