



Death Claim Form

LIFE INSURE INVEST

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KINDLY ANSWER ALL QUESTIONS IN FULL AND ATTACH SUPPORTING DOCUMENTATION AS LISTED BELOW.

SUPPORTING DOCUMENTS FOR THIS CLAIM (PLEASE ATTACH THE FOLLOWING DOCUMENTS)

- Certified death certificate
- Certified copy of Policyholder's proof of identity
- Certified copy of claimant's proof of identity (If the deceased is the Policyholder)
- Proof of bank details for beneficiary or claimant
- Police Report/Statement if accidental death
- Certified copy of last monthly payslip

Liberty Life reserves the right to call for additional documents where necessary in order to validate the claim

Policy number

POLICYHOLDER DETAILS

Surname	<input type="text"/>	Title	<input type="text"/>
First names	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
ID /Passport number	<input type="text"/>	Date of Birth	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Income Tax Number	<input type="text"/>		
Telephone number	<input type="text"/>	Mobile Number	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Occupation	<input type="text"/>		
Occupation Industry	<input type="text"/>		

CLAIMANT'S DETAILS (Must always be policyholder, except where the policyholder is the deceased)

Surname	<input type="text"/>	Title	<input type="text"/>
First names	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
ID /Passport number	<input type="text"/>	Date of Birth	<input type="text"/> D <input type="text"/> D - <input type="text"/> M <input type="text"/> M - <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Income Tax Number	<input type="text"/>		
Telephone number	<input type="text"/>	Mobile Number	<input type="text"/>
Email address	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Relationship to policyholder	<input type="text"/>		

CLAIM DETAILS

Date of Birth - -

Cause of death Natural Unnatural

Provide details on the cause of death

If death is due to an accident, was the accident reported to the police? Yes No

Name of police station

Case number

CLAIM PAYMENT DETAILS

EFT Mobile Money

BANK DETAILS FOR EFT PAYMENTS

(Please attach a copy of the latest bank statement - must not be older than 3 months, or confirmation of account details on the Bank's letterhead, copy of ATM debit card & cheque leaf)

Name of account holder

Name of bank

Account number

Branch name Branch code

Account type

ATM debit card

Cheque leaf

MOBILE MONEY PAYMENT DETAILS

Registered name of mobile number

Mobile Money service provider

Mobile Money phone number

CLAIM PAYMENT DETAILS

I, in my capacity as claimant, hereby certify that the above information submitted by me, is to the best of my belief and knowledge both true and correct. I further confirm that I have not withheld, concealed or misstated any information. I further understand that any misstatement or non-disclosure of information, which materially affects the assessment of this claim, will entitle liberty life to declare this claim null and void.

Claimant's name and surname

Claimant's signature Date - -

Group / Company official stamp