

# Group Death Claims Proof of Death

**ADVISE INSURE INVEST**  
Regulated by the Insurance Regulatory Authority

**Liberty Life Assurance Kenya Limited**  
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Name of deceased

## BENEFICIARY'S STATEMENT

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Month	Year

Place of birth

Date of death

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Month	Year

Place of death

Occupation at time of death

Date last worked full time at full pay

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Month	Year

Cause of death (State details)

  
  

Duration of illness

Name and full address of attending physician

  
 Postal code 

What mode of settlement do you select?

Are you the beneficiary described in the certificate and entitled to the proceeds thereof?

Yes  No

State your relationship, if any, to insured

State your address

  
 Postal code 

State your date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Month	Year

## ATTACH NEWSPAPER DEATH NOTICE OR OBITUARY, IF OBTAINABLE (NOTE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM.)

Beneficiary (name)

Signature

<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date	Month	Year	

Witness (name)

Signature

<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date	Month	Year	

## EMPLOYER'S STATEMENT

Notice is hereby given of the death of

Address of deceased

  
 Postal code 

An employee of this Company who was insured under individual Certificate No.

 Policy No. 

For the sum of

Who entered as an employee on

<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Month	Year

We hereby warrant that such insurance was in force at the date of death and that the said employee was in our employ and on our payroll continuously from the date the insurance on the life was effected to the date of death, and to the best of our knowledge and belief, the claimant has personally signed this page and is the beneficiary mentioned in said certificate and entitled to the proceeds of the insurance.

### EMPLOYER (SHOW NAME OF EMPLOYING COMPANY)

Name	<input type="text"/>		
Official title	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/>

### INSTRUCTIONS

The issuance of this form is not an admission of the existence of any insurance in this Company, and is without prejudice to the Company's legal rights in the premises.

Certificate of Death must be submitted as evidence of death for all claims.

Before forwarding proofs to the company, see that every question is answered, and that these instructions are strictly carried out, thus avoiding delay, and ensuring prompt action on the claim. When a Certificate is payable to the executor or administrator of the insured, the Beneficiary's Statement must be made by such executor or administrator. When the beneficiary is a minor, the Beneficiary's Statement must be made by his or her legally appointed guardian. A COURT CERTIFICATE SHOWING THE APPOINTMENT OF SUCH EXECUTOR, ADMINISTRATOR OR GUARDIAN MUST BE FURNISHED WITH THE PROOFS OF DEATH.

When a Certificate is payable to more than one beneficiary, a separation Beneficiary's Statement must be signed by each beneficiary. However, only questions 6 & 7 need be completed after one beneficiary has completed the statement in its entirety.

When a Certificate is payable by its terms to one beneficiary, if surviving, has, by the death of such beneficiary become payable to another beneficiary, proof of the death of such first beneficiary must be furnished in the form of an official death certificate.

When a Certificate is payable to all children of a person or to any other class of persons, whose names are not separately mentioned in the Certificate, the names and ages of such beneficiaries must be confirmed by submitting the Certificate of Birth of each.

The intervention of a person other than the employer is not necessary for the collection of the claim, and payment to any person for pretended services in regard thereto is entirely unnecessary.

### 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 the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and Liberty Life Assurance Kenya Limited.

I/We hereby declare that I have read and understood the provisions this Form.

Proposer's Signature

Date