Proof of Death Claimant's Statement

LIBERTY

LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Liberty Life Assurance Kenya Limited
PO Box 30364-00100, Nairobi, Kenya
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e libertylife@libertylife.co.ke
www.www.libertylife.co.ke

PART 1

Name of insured (if married woman, give maiden name also)

Policy (or certificate) number

Amount

City

State

Country

Place of death

Date of death D D M M Y Y Y Y

Place of birth

Date of birth D D M M Y Y Y Y

Occupation at time of death

Name and address of last employer

Date last time worked full time at full day D D M M Y Y Y Y

Cause of death

When did insured first complain or give other indications at of last illness? D D M M Y Y Y Y

When did insured first consult a physician for last illness? D D M M Y Y Y Y

List all physicians who attended the insured during last illness and during three years prior thereto:

NAME	ADDRESS	DATE	DISEASE OR IMPAIRMENT

Has insured other life insurance? if so, in what companies and for what amounts?

COMPANIES	POLICY NUMBER	POLICY DATE	AMOUNT

In what capacity title/relation do you claim this insurance?

Who has the policy document (or certificate)?

What mode of settlement do you select? Tick one EFT Cheque

What is your date of birth? D D M M Y Y Y Y

The undersigned hereby makes claim to said insurance, and agrees that the written statements and affidavits of all the physicians who attended or treated the insured, and all other papers called for by the instructions hereon, shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form, or of any other forms supplemental thereto, by said Company, shall not constitute nor be considered by it that there was any insurance in force on the life in question, nor a waiver of any of its rights or defenses.

Date D D - M M - Y Y Y Y

Claimant Name

Claimant's Signature

Claimant's Telephone No

Email Address

Claimant Address P.O. Box Code Town

Witness Name

Witness's Signature

Witness Address P.O. Box Code Town

This must be witnessed by Employer, if Group Insurance, otherwise Agency Manager, otherwise before an officer authorized by law to administer oaths.