PAN AFRICA LIFE

GROUP LIFE ASSURANCE POLICY
CLAIMS NOTIFICATION

A. PARTICULARS OF LIFE ASSURED AND BENEFIT

(1) Name of the Scheme:	
(2) Member's Name (Life Assured):	
(3) Member No.	
(4) Date admitted into the scheme:	
(5) Sum Assured - Benefit (Kshs)	
(6) Date of Death:	
(7) Cause of Death (Illness or Accident)	Please tick as applicable: Illness (_____) Accident (_____)

B: DOCUMENTS REQUIRED IN SUPPORT OF THE CLAIM

Attach the following documents and confirm by a tick against the given document	(1) Original Death Certificate (_____)
	(2) Original Burial Permit (_____)
	(3) Original Certificate of Surrender National ID of the deceased: (_____)
	(4) Certified copy of National ID of the deceased: (_____)
	(5) Police abstract if cause death is by accident (_____)
	(6)) Copy of last pay slip (_____)

C: DECLARATION

We hereby confirm that the above member was declared for cover and that the information provided is true and correct and that Pan Africa Life Assurance Limited may call for any further information they may require to enable them process the claim.

Name of person making the declaration……

Title……

Signature /Stamp …….. Date……