PAN AFRICA LIFE

Claim Form No. 1 – To be completed by the Claimant

Basic Requirements

* Burial permit for FFFP claims_____	* Policy document _____
* Certified Copy of Death Certificate _____	* Police Report (If Unnatural Death) _____
* Certified Copy of ID - Claimant_____	* Chief's Name and Address_____
* Certified Copy of ID/Birth Certificate - Deceased _____	

Note: Pan Africa Life Assurance Limited reserves the right to request any additional documentation it deems necessary to verify claim.

Policy Number: | | | | | | | | | | | Life Assured: _____

Benefit Type: Life Assured ☐ Spouse ☐ Child ☐ Parent ☐ Wider ☐

1. Particulars of the Deceased

Surname: _____ Male ☐ Female ☐

Full Names: _____

Date of Birth: DD MM YY | | | | | | | ID Number: | | | | | | | | | | | |

Address of deceased:_____

_____Postal Code:_____ Tel. No.: (_____)_____

Occupation:_____ Employer/School: _____

Work Address: _____

_____Postal Code: _____Tel. No.: (_____)_____

Exact Cause of Death:_____Date of Death:_____

List any other policies the deceased may have been covered under:

Policy No.: _____ Company: _____ Policy No.: _____ Company: _____

2. Particulars of Hospital / Doctor

Place of Death: _____

Hospital Name: _____Tel. No.: (_____)_____

Address:_ _____Postal Code: _____

Name and address of Doctor who confirmed death: _____

In/Out Patient NO._____Postal Code: _____Tel. No.: (_____)_____

Name and Tel. No. of all Hospitals / Doctors who attended the deceased 2 years prior to death: _____

_____ _____

Nature of illness_____ Nature of Treatment_____

Tests Done and Results _____

OUR SERVICE STANDARD

On receipt of the full documentation, we will immediately pay the whole benefit at our head office, provided the beneficiary/beneficiaries or claimant(s) is/are entitled to receive the proceeds and sufficient verification has been obtained to confirm that the insured event has occurred.

We Have A Sense For Life

PTO

3. Particulars of Claimant

Surname: _____ Male Female

Full Names: _____

Date of Birth: DD MM YY | | | | | | | ID Number: | | | | | | | | | | | |

Home Address: _____

_____ Postal Code: _____ Tel. No.: (_____) _____

Occupation: _____ Employer/School: _____

Work Address: _____

_____ Postal Code: _____ Tel. No.: (_____) _____

4. Payment Details

How would you like to receive the cheque(s)? To be Collected ☐ Via the Post ☐ Bank Account ☐

The following information must be completed in ALL circumstances:

Name of Bank:

Branch Name: Branch Code: | | | | | | | |

Account Number: | | | | | | | | | | | | | |

Claimants signature _____ Date: ___/___/_____

5. Declaration

I/We further declare that the above statements and answers to the above questions are true and full, that I/we have withheld no material information and that I/we undertake to furnish any documentation, which may be required by Pan Africa Life Assurance Limited. I expressly waive all provisions of law, custom or professional etiquette forbidding any physician or other person who attended or examined the deceased, or any institution in which the deceased received treatment, to disclose any knowledge or information which was thereby acquired and I authorise all such persons or agencies to furnish any information in their possession to Pan Africa Life Assurance Limited.

1. _____ WITNESS (Must be Head of Dept, Head Teacher, or a Religious Leader)

2. _____ Name: _____

Signature(s) of claimant(s) Signature: _____ Date: ___/___/_____

Date: ___/___/_____ Address and Stamp: _____

Office Use (Claims Officials)

Death Certificate ☐ Salary Advice ☐ Birth Certificate ☐ Marriage Certificate ☐

Affidavit ☐ Deceased I.D. ☐ Claimant I.D. ☐ Other: _____

Completed by: _____ Date: _____/_____/_____

Prepared and Checked by:	Payment Approved By:
I have prepared and checked this claim.	I have verified and approved this claim.
Signature: _____	Signature: _____
Date: ___/___/_____	Date: ___/___/_____