

CLAIM NOTIFICATION FORM (To Be Completed By The Person Giving Notice Of The Claim)

Please fill in BLOCK letters and tick (✓) where appropriate. Fields marked with a '*' are **MANDATORY**.

1. Policyholder and Claimant Details

1.1. Insured Information

Surname*: _____ First Name*: _____

Middle Name(s): _____

ID Number*: _____ Policy Number*: _____

1.2. Claimant Information (To be completed if different from the Insured e.g policy owner, legal representative, beneficiary)

Surname*: _____ First Name*: _____

Middle Name(s): _____

ID Number*: _____ KRA PIN No*: _____

PO Box*: _____ Code: _____ Town: _____

Mobile Tel*: _____ Email: _____

Relationship to the Insured*: _____

2. Claim Details

Death Redundancy Disability Critical Illness Other

Date Claim Event Occurred _____ Time _____ Location _____

Cause of Claim Event (Accident/Illness,etc): _____

If Accident, state nature of accident: _____

Is Insured Alive: _____ Present Location/Estate/Hospital: _____ Town: _____

Is/Was Insured in Hospital?: _____ Admission Date: _____ Discharge Date: _____

Has Insured Resumed Work?: _____ Resumption Date: _____ Discharge Date: _____

If Insured is Deceased, has he/she been buried? _____ Burial Date: _____ Burial Place: _____

State the location of the mortal remains of the Insured if not yet buried: _____

3. COMPLIANCE WITH THE DATA PROTECTION ACT (To be completed by claimant)

By checking this box, I consent to Britam's Privacy Policy, and hereby authorize Britam to collect, use, disclose, and/or process our personal data or information without further notification to me/us, confidentially with its affiliated companies, third party service providers, business partners and/or other parties which may be sited outside of Kenya, for setting up and administering our investment account with Britam, customer services and to allow Britam and/or its business partners to perform marketing and related activities, until Britam receives our written instruction to the contrary. Britam's Privacy Policy is available at <https://customerconnect.britam.com/privacy-policy>

I confirm that I have read and understood, and hereby consent to the general terms and conditions, and hereby consent to the general terms and conditions, and hereby make the above declaration.

I confirm that the details given above are accurate to the best of my knowledge.

Notification given at (location)? _____ Date: _____

Name of notifier: _____ Signature: _____

4. FOR OFFICIAL USE ONLY

Name _____ Designation: _____ Office: _____

Give date, place viewed and brief description of the state of the insured's injuries/illness if viewed: _____

If not viewed, indicate evidence received of proof of occurrence of claim event: _____

Signature _____ Date: _____