

## INDIVIDUAL LIFE DEATH BENEFIT CLAIM FORM

### 1. CLAIMANT DETAILS

Name of Claimant: \_\_\_\_\_

*As appears on National ID/Passport/Alien ID*

National ID No: \_\_\_\_\_

*Mandatory for all Kenyan Citizens.*

Passport No/Alien ID No: \_\_\_\_\_

*Alien ID details is mandatory for all non-Kenyan Citizens.*

Alien ID/Passport Expiry Date: \_\_\_\_\_

### 2. DECEASED INSURED PERSON DETAILS

Name of Deceased: \_\_\_\_\_

*As appears on National ID/Passport/Alien ID*

Policy Number: \_\_\_\_\_

National ID/ Birth Certificate No: \_\_\_\_\_

*Mandatory for all Kenyan Citizens. (Attach Surrender of I.D Form as applicable).*

Passport No/Alien ID No: \_\_\_\_\_

*Alien ID details is mandatory for all non-Kenyan Citizens.*

Alien ID/Passport Expiry Date: \_\_\_\_\_

Death Certificate No: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

*(If in hospital or institution, give name)*

### 3. CIRCUMSTANCES ABOUT THE DEATH *(Life Insurance Claims Only)*

What was the name and address of the deceased's employer, or place of business, immediately prior to death? \_\_\_\_\_

What was the deceased's occupation, or business, prior to death? \_\_\_\_\_

If the cause of death was natural; when did the deceased first give an indication of his/her illness? \_\_\_\_\_

*dd/mm/yyyy*

When did the deceased last attend to his/her usual duties (i.e., work, or social activities)? \_\_\_\_\_

*dd/mm/yyyy*

### 4. BENEFICIARY/NOMINEE DETAILS

#### 4.1. Beneficiary Details

##### Beneficiary 1

Name of Beneficiary: \_\_\_\_\_

*As appears on National ID/Passport/Alien ID*

National ID/ Birth Certificate No: \_\_\_\_\_

*Mandatory for all Kenyan Citizens.*

Passport No/Alien ID No: \_\_\_\_\_

*Alien ID details is mandatory for all non-Kenyan Citizens.*

Alien ID/Passport Expiry Date: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Net Amount Payable: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

## Beneficiary 2

Name of Beneficiary: \_\_\_\_\_

*As appears on National ID/Passport/Alien ID*

National ID/ Birth Certificate No: \_\_\_\_\_

*Mandatory for all Kenyan Citizens.*

Passport No/Alien ID No: \_\_\_\_\_ Alien ID/Passport Expiry Date: \_\_\_\_\_

*Alien ID details is mandatory for all non-Kenyan Citizens.*

Relationship to Deceased: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Net Amount Payable: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

## Beneficiary 3

Name of Beneficiary: \_\_\_\_\_

*As appears on National ID/Passport/Alien ID*

National ID/ Birth Certificate No: \_\_\_\_\_

*Mandatory for all Kenyan Citizens.*

Passport No/Alien ID No: \_\_\_\_\_ Alien ID/Passport Expiry Date: \_\_\_\_\_

*Alien ID details is mandatory for all non-Kenyan Citizens.*

Relationship to Deceased: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Net Amount Payable: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

## 4.2. Nominee Details *(If any beneficiary above is a minor. Attach sworn affidavit)*

Name of Beneficiary: \_\_\_\_\_

*As appears on National ID/Passport/Alien ID*

National ID/ Birth Certificate No: \_\_\_\_\_

*Mandatory for all Kenyan Citizens.*

Passport No/Alien ID No: \_\_\_\_\_ Alien ID/Passport Expiry Date: \_\_\_\_\_

*Alien ID details is mandatory for all non-Kenyan Citizens.*

Relationship to Beneficiary: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Net Amount Payable: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

**5. ATTENDING PHYSICIAN'S STATEMENT** *(Life Insurance Claims Only)*

Deceased's Full Name: \_\_\_\_\_

Cause of Death:  Natural Causes  Accidental  Homicide  Suicide

Deceased's Height (m): \_\_\_\_\_ Deceased's Weight (kg): \_\_\_\_\_

Identification marks on deceased's body: \_\_\_\_\_

How long have you been the deceased's Physician/Doctor? \_\_\_\_\_

Provide details of each condition for which you treated or advised the deceased prior to illness. Ensure you include the nature of condition, duration of illness, first date of consultation and treatment provided.

\_\_\_\_\_  
\_\_\_\_\_

How long in your opinion, did the deceased suffer from the disease or impairment? \_\_\_\_\_

What was the immediate cause of death? \_\_\_\_\_  
*(When responding kindly conform to the International List of Causes of Death)*

What were the other potential contributory causes of death? \_\_\_\_\_  
*(When responding kindly conform to the International List of Causes of Death)*

- I attest to the fact that the information furnished above is to the best of my knowledge, complete and accurate.
- I am aware that presenting a false or fraudulent claim for payment of a loss or benefit is a criminal offence and I may be subject to fines, imprisonment, or both.

Doctor's Name: \_\_\_\_\_ KMPDC No: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

**6. 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.

**7. DECLARATION BY CLAIMANT**

- I attest to the fact that the information furnished above is to the best of my knowledge, complete and accurate.
- I am aware that presenting a false or fraudulent claim for payment of a loss or benefit is a criminal offence and I may be subject to fines, imprisonment, or both.
- I hereby authorize any licensed physician, medical practitioner, hospital, clinic, other medical related facility, insurance company, reinsurance company, government agency (both County and National) that has information, records, or knowledge of the deceased's health both past and present, to furnish such information to Britam Life Assurance Co. (Kenya) Ltd.
- I understand that the Britam Holdings Plc. (or any of its subsidiaries) may disclose the information to other insurance carriers, reinsurers, medical providers, claim management/investigation firms, government agencies, agents, employees, and others who have a legitimate business interest in obtaining the information in connection with underwriting or claim processing.
- A photocopy of this Authorization shall be as valid as the original.

I HEREBY CERTIFY that I have understood the meaning and effect of the above declaration and agree to be bound by it.

Full Name: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. OFFICIAL USE ONLY *(Supporting Documentation)*

- Certified Copy of National ID / Surrender of I.D / Birth Certificate / Passport / Alien ID of the Deceased Person
- Copy of Burial Permit of the Deceased Person
- Certified Copy of Death Certificate of the Deceased Person
- Copy of Police Report/Abstract or Autopsy Report *(where cause of death is Accidental/Homicide/Suicide)*
- Copy of National ID / Birth Certificate / Passport / Alien ID of the Beneficiary(ies)
- Copy of National ID / Passport / Alien ID of the Nominee
- Copy of Proof of Banking Details for the Beneficiary / Nominee
- Copy of affidavit for Nominee
- Copy of Attending Physician's License / Medical Certificates *(If they are not registered in Kenya)*

I HEREBY CERTIFY that I have validated the original National Identification Card or Passport and confirm the claimant's identity as per the attached copies of the verified original National Identification Card or Passport.

Name of Britam Staff: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_ Date: \_\_\_\_\_