# DEATH CLAIM FORM
## CREDIT LIFE

## A. DOCUMENTS REQUIRED

| Documents Required | Tick |
|---|---|
| Original or certified copy of death certificate by a Commissioner of Oaths | |
| Police abstract for unnatural/ accidental death | |
| Copy of Member's Identity Document | |
| Certified loan statement | |
| Certified shares statement | |
| Loan agreement | |
| Claim application form completed by the authorized representative of the company | |

Cannon Life Assurance (K) Limited reserves the right to call for additional documents where necessary to validate the claim.

## B. SCHEME AND MEMBER DETAILS

Scheme Name: _____

**Member's Details**

Name: _____

Identity Number: _____ Date of Birth: _____ (DD/MM/YYYY)

Date of Joining Scheme: _____ (DD/MM/YYYY) Date of Death: _____ (DD/MM/YYYY)

Outstanding Loan (at date of death): _____ Shares Balance (at date of death): _____

Main Cause of Death: _____



**Cannon Life Assurance (K) Limited**

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**a** Gateway Park, Block D, Mombasa Road, P.O. Box 46783-00100 Nairobi, Kenya
**www.cannon.co.ke**

**Regulated by the Insurance Regulatory Authority**

## C. COMPANY'S DECLARATION

I, _____ in my capacity as _____ and duly authorized to make this declaration, hereby declare:

1. That the information provided in this claim is true and correct, and that no information has been omitted or withheld
2. That the insured person whose death gave rise to this claim has in fact died

I indemnify Cannon Life Assurance (K) Limited against any claim that may arise from any incorrect information provided in this form.

Signature: _____

Date: _____ (DD/MM/YYYY)

Telephone Number: _____ Email Address: _____

Company's Stamp

Click to Submit



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