

# ACCIDENT CLAIM FORM

## Statement by Employer



Documents Required	Tick
Copy of Employee's Identity document	
Certified Employee's Payslip for the month preceding the accident	
Sick off sheets	
Original Medical Receipts (For cash payments)	
Medical report summary and Discharge Summary from Hospital (If admitted)	
Police Abstract (Road Traffic Accidents and Assaults)	
Claim application form completed by the employer, employee and attending doctor.	

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

### SCHEME DETAILS

Scheme name: \_\_\_\_\_

### EMPLOYEE DETAILS

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

Identity Number: \_\_\_\_\_ Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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Date of joining employer: 

D	D	M	M	Y	Y	Y	Y
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 Date of Joining scheme: 

D	D	M	M	Y	Y	Y	Y
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Monthly salary as at date of incident: \_\_\_\_\_

Date of Incident: 

D	D	M	M	Y	Y	Y	Y
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### EMPLOYER'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 against any claim that may arise from any incorrect information provided in this form.

Signature \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer's Stamp
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### Cannon Life Assurance (K) Limited

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Regulated by the Insurance Regulatory Authority

