

# ACCIDENT CLAIM FORM

## Statement by Employer

### A. Documents Required

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**

### B. Scheme Details

Scheme name:

#### EMPLOYEE DETAILS

Name:

Identity Number:

Date of Birth:

Date of Joining scheme:

Date Of joining employer

#### Cannon Life Assurance (K) Limited

† +254 (20) 3966000, +254 (0) 724259847 | e info@cannon.co.ke  
 a Gateway Park, Block D, Mombasa Road, P.O. Box 46783-00100 Nairobi, Kenya  
 www.cannon.co.ke

Regulated by the Insurance Regulatory Authority



Monthly salary as at date of incident \_\_\_\_\_

Date of Incident

### C. 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
3. I indemnify Cannon Life Assurance against any claim that may arise from any incorrect information provided in this form.

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

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Company's Stamp

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