

DEATH CLAIM FORM

GROUP LIFE

A. DETAILS

Documents Required	Tick
Original or Certified Copy of Death Certificate by a Commissioner of Oaths	
Police Abstract for unnatural/accidental death	
Copy of Employee's Identity document	
Copy of Payee's Identity document	
Certified Employee's latest Payslip	
Claim application form completed by the authorized representative of the employer	

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: _____

Date of joining employer: Date of Joining scheme:

Monthly salary as at date of death: _____ Employee's date of death:

Main cause of death: _____

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Regulated by the Insurance Regulatory Authority



B. 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 critical illness gave rise to this claim is an employee of the scheme.

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: _____

Doctor's Stamp