

DEATH CLAIM FORM



KINDLY ANSWER ALL QUESTIONS IN FULL AND ATTACH SUPPORTING DOCUMENTATION AS LISTED BELOW.

- A. Original policy document
- B. Certified copy of burial permit
- C. Original or Certified copy of death certificate
- D. Certified copy of Policyholder's proof of identity
- E. Certified copy of claimant's proof of identity
- F. Claimant's statement on death / next of kin statement
- G. Certificate of identity
- H. Proof of bank details for beneficiary or claimant
- I. Police report for accidental death
- J. Postmortem report
- K. Grant letters of administration or grant of probate if there is no named beneficiary/ appointee / nominee

Metropolitan Cannon Life reserves the right to call for additional documents where necessary to validate the claim

LIFE ASSURED DETAILS

Policy Number: _____

Name of Policyholder: _____

Mobile Number: _____

E-mail Address: _____

CLAIMANT'S DETAILS

Claimants name: _____

Mobile Number: _____

E-mail Address: _____

Relationship to policyholder: _____

CLAIM DETAILS

Cause of death: Natural Accidental

Provide details on the cause of death

Was the accident reported to police?

Yes

No

Name of police station: _____

Case number: _____

PAYMENT METHOD

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



DEATH CLAIM FORM



EFT Mobile Money Cheque

(For EFT, please attach a copy of the latest bank statement – must not be older than 3 months, or confirmation of account details on the Bank’s letterhead, copy of ATM debit card & cheque leaf.)

ACCOUNT DETAILS

Name of Account Holder: _____

Name of Bank: _____

Branch Name: _____

Account Number: _____

M-pesa Number: _____

DECLARATION

I, in my capacity as claimant, hereby certify that the above information submitted by me, is to the best of my belief and knowledge both true and correct. I further confirm that I have not withheld, concealed, or misstated any information. I further understand that any misstatement or non-disclosure of information, which materially affects the assessment of this claim, will entitle Cannon life Ltd. to declare this claim null and void.

Claimants name: _____

Signature of Policy Owner(s) or Person entitled to the proceeds:

Sign here

Date: ____/____/____

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