

# FUNERAL CLAIM FORM

## LAST EXPENSE



Documents Required	Tick
Stamped Burial Permit by the issuing authority	
Copy of Deceased's Identity document	
Copy of Payee's Identity document	
Proof of Bank details for payee (Either Copy of ATM Card / Cancelled Cheque/statement)	
Claim application form completed by the authorised representative of the employer/company	

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

### SCHEME DETAILS

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

### MEMBER'S 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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### DECEASED'S DETAILS

Name: \_\_\_\_\_  
Relationship to Member: Member  Spouse  Child  Parent   
Identity Number: \_\_\_\_\_ Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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Date of Death: 

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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Main cause of death: \_\_\_\_\_

### PAYMENT DETAILS

Payee Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
Branch: \_\_\_\_\_ Account Number: \_\_\_\_\_

### EMPLOYER'S / 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 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: \_\_\_\_\_

Company's Stamp

**Cannon Life Assurance (K) Limited**

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Regulated by the Insurance Regulatory Authority

