

FUNERAL CLAIM FORM

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

- A. Certified burial permit or death certificate
- B. Certified copy of Policyholder's proof of identity
- C. Certified copy of claimant's proof of identity (If the deceased is the Policyholder)
- D. Proof of bank details for beneficiary or claimant
- E. Proof of relationship to policyholder for the deceased (If the deceased is a Dependent)
- F. Police report for accidental death

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

If accidental 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



FUNERAL CLAIM FORM



EFT Mobile Money Cheque

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 to declare this claim null and void.

I permit/authorize the Company to collect, store, communicate and process information relating to the policy and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer, and disclosure between them and to the authorities in and/or outside Kenya of any confidential information for compliance with any law or regulation whether domestic or foreign.

Claimants name: _____

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

Sign here

Date: ____/____/____

