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# LIFE POLICY



CERTIFICATE OF ATTENDING PHYSICIAN

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**The Jubilee Insurance Company of Kenya Limited**  
**Head Office:**

Jubilee Insurance House, Wabera Street,  
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya  
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**Mombasa:**

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P.O. Box 90220 - 80100, Mombasa, Kenya  
Email: mombasa@jubileekenya.com

**Kisumu:**

Jubilee Insurance House, Oginga Odinga Road,  
P.O. Box 378 - 40100, Kisumu, Kenya  
Email: kisumu@jubileekenya.com

**DIRECTIONS:**

Please read carefully and fill out the entire form.

1. This form must be completely and legibly filled out in BLOCK letters in order for us to process your claim.
2. Date and sign the form in the space provided.

The undersigned was the attending physician in the last sickness of \_\_\_\_\_ who died at \_\_\_\_\_ am/pm in the town of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_:

And for further information of the Company, the undersigned does make the following answers and statements:

1. How long have you been the medical attendant or adviser of the Deceased, and for what illnesses have you since treated him/ her. Please give details.

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2. Had the deceased any other medical attendant to your knowledge. If so, give name and address.

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3. When did the last illness commence? \_\_\_\_\_

4. State the immediate cause of death: \_\_\_\_\_

5a. Was the deceased afflicted with any other disease? \_\_\_\_\_

5b. If so afflicted, state with what disease and for what period of time:

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5c. Did it hasten death? \_\_\_\_\_

6. For how long a time was the deceased confined to the house, or prevented from attending to business?

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7. When were you first consulted by the deceased or by other person on his behalf., for the affliction which either directly or indirectly caused death?

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8. What were the general symptoms present, then and afterwards, during the progress of the disease.

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9. Was there any special cause (remote or proximate) for he death, in he habits, occupation, residence o rpersona la history of the deceased? If so, state which and give particulars.

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10. Was death caused proximately or remotely by intoxicating drinks, or opium, or by the hand of justice or suicide?

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11. Was an inquest or autopsy held on the body of the deceased? If so, state results and in case of autopsy, who performed it?

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12. What was the real or apparent age of the deceased? \_\_\_\_\_

13. Prior to the last illness, for what disease fif you treat or advise the deceased? Give nature and date of each.

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14. Was an HIV test carried out on the deceased? If so, result.

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15. Was the deceased's death caused by AIDS related condition or illness?

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I \_\_\_\_\_ of address \_\_\_\_\_ make oath and say that the foregoing statements are true in substance and in fact.

Signature of attending physician \_\_\_\_\_

Justice of Peace  
Magistrate, Notary Public or Commissioner of Oaths