
LIFE POLICY



CLAIM FORM

The Jubilee Insurance Company of Kenya Limited
Head Office:

Jubilee Insurance House, Wabera Street,
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya
Email: jic@jubileekenya.com

Mombasa:

Jubilee Insurance Building, Moi Avenue,
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 and ensure that the same is signed and stamped by the Doctor/Provider in the space provided.
3. Incomplete claim forms will delay processing of the claim.

Notice is hereby given to The Jubilee Insurance Company of Kenya Limited that _____ died on the _____ day of _____, the holder of policy no _____ and that the undersigned had a good and valid interest in the said life policy and in proof of claim does make the following answers and statements:

1. When did the deceased first complain of not being in good health?

2. When did the deceased or any person on his behalf first consult a physician either for the original trouble or for some subsequent complication?

3. State the length of time the deceased was confined to the house or unable to attend to business?

4. What physicians have attended to the deceased both prior to and after the issue of the policy?

5. What was the immediate cause of death?

6. Last residence: _____

7. Had residence been elsewhere since the date of the policy? If so, where and when?

8. What profession or occupation has the deceased followed since the date of the policy? State each.

9. Had any proposals to assure his life ever been declined? If so, by what company and when?

10. Place and date of birth: _____

11. Was the deceased married or single? _____

12. Had the deceased any other life assurance? If so, state in what companies or societies and for what amounts.

13. How long have you known the deceased, and what is your relation to the deceased?

14. Was an inquest or post mortem examination held on the body? _____

15. Is the assurance claimed under Assignment? If so, produce assignment. _____

16. If claim is not made under an assignment, Grant of Representation should accompany this form.

And I/ We _____ of address _____
the claimant/s make oath and say that the foregoing statements are true in substance and in fact and that I am/ we
are of full age of eighteen years.

Signature of claimant _____

Full name of claimant _____

Sworn before me at _____ this _____ day of _____

Justice of Peace
Magistrate, Notary Public or Commissioner of Oaths