
CLAIM FORM

PERSONAL ACCIDENT & LAST EXPENSE
BARCLAYS ULTIMATE ACCOUNT



SECTION A

Name of Account Holder:

Postal Address Telephone

Account Number Branch:

Name of Claimant:

Claimant's telephone number:

Relationship of claimant with the deceased:

Claimant's account number

Claimant's bank

Claimant's branch

SECTION B

Name of the deceased:

Date of entry into the scheme (day/month/year):

Date of death (day/month/year):

Cause of death:

Place of death: (if hospital, include the address and telephone no.)

Has an inquest or autopsy been done on the body of the deceased? Yes No
If "yes", give details (attach any supporting documents)

Was the account active prior to the date of death? Yes No

DECLARATION

I, _____ declare and state that the foregoing statements are true in substance and in fact

Signed at _____ this _____ day of _____ 20 _____

By:

Authorised Bank Official

Name _____ Designation _____

Stamp

Signature _____

SECTION C

To avoid delay and unnecessary correspondence in the processing of your claim, please observe the following requirements:-

- 1. Ensure that both the claim form and the medical certificate are properly completed
- 2. Attach supporting documents or copies of medical reports relating to the accident

If disability is as a result of an accident

Date of accident: Time AM/ PM

Where did it occur:

Describe fully how it happened:

Give name, occupation, telephone number and address of a witness of the accident

Name

Occupation

Address Tel. Number

What was the injury from which you suffered?

Give name and address of the doctor(s) who have attended to you for these injuries

Date	Name	Tel no.	Address

If disability is as a result of illness:

Date of diagnosis:

Give name and address of the doctor(s) who have attended to you

Date	Name	Tel no.	Address

Have you since the occurrence of the accident personally directed or supervised or given any attention to any part of your business or occupation?

If so give full particulars and dates

Have you ever claimed compensation from any company? If so give full particulars (i.e. name of Company and address)

Have you recovered fully? If no give details

DECLARATION

I, the undersigned, hereby declare that I am the person referred to in the above statements, which are true in every respect, and made without reservation.

I have no objection to the Jubilee Insurance Company of Kenya Limited and/or their representatives communicating with the Doctor(s)/Physician(s) or Hospital(s) I have consulted or visited and shall submit to any medical examination(s) if so required by The Jubilee Insurance Company of Kenya.

Date _____ Signed _____

I, on behalf of the Bank state that the foregoing statements are true in substance and in fact

Name _____ Signature _____

Signed at _____ this ____ day of _____ 20 ____

Stamp

**OFFICIAL USE ONLY: BARCLAYS BANK STAFF
DECLARATION**

I declare that these particulars are true and correct and undertake to forward immediately to Jubilee Insurance any third party correspondence and unanswered queries relating to the incident

DISCHARGE VOUCHER

I hereby agree to accept from The Jubilee Insurance Company of Kenya Limited the sum of money paid in full settlement of the claim in respect of the above mentioned loss in pursuant of the terms and conditions of the Insurance Policy.

In consideration of the aforesaid payment made to me I HEREBY AGREE AND UNDERTAKE to indemnify and keep indemnified the said Insurer against all claims or claims of demands that may at any time be made hereinafter in connection with the payment made under the claim hereinbefore recited whether such claims are made by me or any other person.

The Jubilee Insurance Company of Kenya Limited shall not be liable for any further sums in respect of this claim which is paid as per the terms and conditions of the Insurance policy.

Authorized Bank Officer.....

Date.....

JUBILEE INSURANCE STAFF

Date Received:

Date Claim processed:

Amount paid:

EFT Reference Number:

CHECK LIST:

Death Benefit

Completed Claim form

Original death Certificate

Original Post Mortem report or Police Abstract if death relates to accident

Bank statement

Copy of the National Identity Card or passport

Total & Permanent Disability

Completed Claim form

Medical Reports including investigative materials e.g. x-ray reports, lab reports

Copy of the National Identity Card or passport

Original police abstract if incident relates to accident

Funeral Benefit

Burial Permit

Copy of national ID/Passport of deceased