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# LIFE POLICY

CLAIM FORM  
PERSONAL ACCIDENT & LAST EXPENSE  
BARCLAYS ULTIMATE ACCOUNT

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**Jubilee**  
INSURANCE

**Head Office:**

Jubilee Insurance House, Wabera Street,  
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya  
Tel: +254 020 328 1000  
Fax: +254 020 328 1150  
Email: [jjc@jubileekenya.com](mailto:jjc@jubileekenya.com)

**Mombasa Office:**

Jubilee Insurance Building, Moi Avenue,  
P.O. Box 90220 - 80100, Mombasa, Kenya  
Tel: +254 020 222 4286 / 231 4019 / 231 6760  
Fax: +254 020 231 6796  
Email: [mombasa@jubileekenya.com](mailto:mombasa@jubileekenya.com)

**Kisumu Office:**

Jubilee Insurance House, Oginga Odinga Road,  
P.O. Box 378 - 40100, Kisumu, Kenya  
Tel: +254 020 202 0836 / 202 0845  
Fax: +254 020 202 0532  
Email: [kisumu@jubileekenya.com](mailto:kisumu@jubileekenya.com)

**Directions:**

All questions must be answered in full, in BLOCK letters, in the Claimant's handwriting or his/her dictation.

The Jubilee Insurance Company of Kenya Limited reserves the right to call for any other documents(s) relevant to the claim.

Original document (s) provided will be returned to you.

Note that where copies of documents are to be provided, the same must be clear and legible. These documents must include indication of the source, name/initials/signature of the author and date of processing.

All questions in Section A MUST be answered in addition:  
For Death Claim answer SECTION B  
For Total & Permanent Disability answer SECTION C

## 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 company 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?

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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:

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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

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

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Have you recovered fully? If no give details

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### 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