



Dovenest Umbrella Last Expense Scheme Claim Form

Please complete in block letters or tick (v) appropriate box unless otherwise indicated

A: Scheme details

Policy No. **DUGLE/11/2021/GLE** Certificate number

Name of Group

B: Details of deceased

First name(s) and surname Title

Date of birth D D M M Y Y Y Y ID/Passport No.:

Date of death D D M M Y Y Y Y Date of joining the scheme D D M M Y Y Y Y

Relationship to Main Member: Self Spouse Child Parent Parent-in-law Other (specify below)

Please specify

Cause of death? Natural Accidental Please specify

Amount claimed in words: KES

C : Particulars of the claimant

Surname First name (s) Title

ID/Passport number Relationship to deceased

Telephone (W) (H) Cell

D: Banking details

Accountholder's name

Bank name Branch

Account number Signature of claimant

E: Declaration and certification by Group leadership

I/We, the undersigned, and duly authorized to make this declaration, hereby declare that the deceased qualified for benefits in terms of the policy at the date of death, that the above information is complete and correct, and we recommend that the claim be admitted. Further, that the claimant has verified the accuracy of the payee details before submitting the claim and that the payment of the proceeds due in respect of the said member/life assured as selected on Section D shall represent the full discharge of Absa Life Assurance Kenya Limited's liability.

Surname First name (s) Designation

ID number Place Date D D M M Y Y Y Y

Signature

Mandatory documents required

Tick if provided

- Certified copy of burial permit or a death certificate Yes No
- Copy of ID/Valid Passport of the deceased Yes No
- Copy of ID/Valid Passport of the scheme member or beneficiary (where the deceased is a member) Yes No
- Copy of the birth certificate if it's a child or parent's claim Yes No
- Police abstract report for accidental and crime related deaths Yes No
- Proof of bank details of beneficiary (example :Account statement/ATM card/Cheque Leaf) Yes No
- Additional documentations may be requested to proof biological relationships to the deceased
- All required claim documentation must be emailed to: info@dovenestinsurance.com

Distributed by:



NB: Admissible claims will be settled within 48 working hours after submission and acceptance of claim papers