



Dovenest Last Expense Claim Form (Proof of Death)

Liberty Life Assurance Kenya Limited
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LIFE INVESTMENTS CORPORATE ADVICE

Please note the meaning assigned to the following terms:

Employee, also means a staff or member

Company, also means a Group or Organisation or Institution

Worked full time, also means full subscription or membership or enrolment

Employer, also means the Group or Organisation

Policy number - 373350000

Name of deceased

Policyholder's name

(Clients of Dovenest IB)

Checklist for Documentation

- Dully filled claim form
- Certified copy of Burial permit
- Certified copy of Member ID
- Certified copy of Deceased ID (If deceased is a dependant)
- Proof of bank details for beneficiary
- Police report for accidental deaths

BENEFICIARY'S STATEMENT

Date of birth

D	D	-	M	M	-	Y	Y	Y	Y
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Place of birth

ID No.

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KRA PIN

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Residential Address

Date of death

D	D	-	M	M	-	Y	Y	Y	Y
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Place of death

Occupation at time of death

Date last worked full time at full pay/Paid last subscriptions

D	D	-	M	M	-	Y	Y	Y	Y
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Cause of death (State details)

Duration of illness

Name and full address of attending physician

Postal code

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What mode of settlement do you select

Are you the beneficiary described in the certificate and entitled to the proceeds thereof?

☐

Yes

☐

No

Payment details:

Name of account holder

Name of Bank

Account Number

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Branch

Please attach copies of Proof of banking - account statement (not older than 3 months), Copy of ATM card, Cheque leaf or confirmation of the details on the banks letterhead.

State your relationship, if any, to insured

State your address

Postal code

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State your date of birth

D	D	-	M	M	-	Y	Y	Y	Y
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ATTACH NEWSPAPER DEATH NOTICE OR OBITUARY, IF OBTAINABLE (NOTE INSTRUCTIONS ON RESERVE SIDE BEFORE COMPLETING THIS FORM)

Beneficiary	<input type="text"/>											
Signature	<input type="text"/>	Date: <table><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	-	M	M	-	Y	Y	Y	Y
D	D	-	M	M	-	Y	Y	Y	Y			
Witness	<input type="text"/>											
Signature	<input type="text"/>	Date: <table><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	-	M	M	-	Y	Y	Y	Y
D	D	-	M	M	-	Y	Y	Y	Y			

EMPLOYER'S/GROUP'S/WELFARE'S STATEMENT

Notice is hereby given of the death of	<input type="text"/>											
Policy number - 373350000	<input type="text"/>											
Address of deceased	<input type="text"/>											
	<input type="text"/>											
	Postal code	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
An Employee/Member of this Company/Group who was insured under individual certificate No.	<input type="text"/>											
Policy number - 373350000	<input type="text"/>											
For the sum of	<input type="text"/>											
Who entered as an employee/member on	<table><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	-	M	M	-	Y	Y	Y	Y
D	D	-	M	M	-	Y	Y	Y	Y			

We hereby warrant that such insurance was in force at the date of death and that the said employee/member was in our employ/membership and on our payroll/beneficiary list continuously from the date the insurance on the life was effected to the date of death, and to the best of our knowledge and belief, the claimant has personally signed/applied this page and is the beneficiary mentioned in said certificate and entitled to the proceeds of the insurance.

EMPLOYER/GROUP (SHOW NAME OF EMPLOYING COMPANY/GROUP)

Name	<input type="text"/>											
Official title	<input type="text"/>											
Signature	<input type="text"/>	Date: <table><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	-	M	M	-	Y	Y	Y	Y
D	D	-	M	M	-	Y	Y	Y	Y			

BROKER (DOVENEST)

Signature	<input type="text"/>	Date: <table><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	-	M	M	-	Y	Y	Y	Y
D	D	-	M	M	-	Y	Y	Y	Y			
Stamp	<input type="text"/>											

INSTRUCTIONS

The issuance of this form is not an admission of the existence of any insurance in this Company and is without prejudice to the Company's legal rights in the premises. Certificate of Death must be submitted as evidence of death for all claims. Before forwarding proofs to the Company, see that every question is answered, and that these instructions are strictly carried out, thus avoiding delay, and ensuring prompt action on the claim. When a certificate is payable to the executor or administrator of the insured, the Beneficiary's Statement must be made by such executor or administrator. When the beneficiary is a minor, the Beneficiary's Statement must be made by his or her legally appointed guardian. A COURT CERTIFICATE SHOWING THE APPOINTMENT OF SUCH EXECUTOR, ADMINISTRATOR OR GUARDIAN MUST BE FURNISHED WITH THE PROOFS OF DEATH.

When a Certificate is payable to more than one Beneficiary, a separate Beneficiary's Statement must be signed by each beneficiary.

When a Certificate payable by its terms to one Beneficiary, if surviving has, by the death of such Beneficiary become payable to another Beneficiary, proof of death of such first Beneficiary must be furnished in the form of an official Death Certificate. When a Certificate is payable to all the children of a person or to any other class of persons whose names are not separately mentioned in the Certificate, the names and ages of such Beneficiaries must be confirmed by submitting the Certificate of Birth of each. The intervention of a person other than the employer is not necessary for the collection of the claim, and payment to any person for pretended services in regard thereto is entirely unnecessary.

Send the filled out form to Dovenest Insurance Brokers at info@dovenestinsurance.com. You may contact us using the following numbers; +254 726 001 122/ (020)760 21 22"