

LAST EXPENSE/DEATH CLAIM FORM

SECTION A: DECEASED MEMBER DETAILS

Name of Scheme			
Name of Member			
Date of Birth		ID. /PP Number	
Date of Membership:		Date of Death	

SECTION B: DETAILS OF CLAIM

Cause of Death:	Accident: <input type="checkbox"/>	Illness: <input type="checkbox"/>	
In case of Illness, nature & date started:			
In case of accident, nature of accident:			
Place of Death:			
Name & Contact of Attending Physician:			

SECTION C: CLAIMANT / BENEFICIARY DETAILS

Full Name			
ID/PP Number		Contact Details	
Account Name		Bank	
Branch		Account No.	

SECTION D: DECLARATION BY THE CLAIMANT

I declare that the statements that I have made are true. I agree that if they are found to be false I lose all my rights under the Policy and hereby authorise PRUDENTIAL and any of its representatives to make any enquiries and obtain any information considered relevant to this claim from any institution or third party.

Signature: _____ **Date:** _____

SECTION E: TO BE COMPLETED BY AN AUTHORISED OFFICER OF THE SCHEME

I / We the undersigned, in my / our capacity as and duly authorised to make this declaration, hereby declare:

- a) That the person giving rise to this claim was a legitimate member of the scheme.
- b) That the payment of the proceeds due in respect of the said member shall represent the full discharge of Prudential Life Assurance Kenya Limited's liability.

Signed at on this day of 202.....

Name:

Signature:

Stamp

Claim Documentation:

- i) *Certified copy of burial permit (last expense claims only) and death certificate (death claims)*
- ii) *Certified copy of identity document of the member*
- iii) *Certified copy of identity document of the claimant / beneficiary and bank document supporting account details*
- iv) *Police abstract - accidental death*

NB: PRUDENTIAL reserves the right to request for additional information that is necessary to process the claim.