
PIONEER ASSURANCE



PIONEER ASSURANCE COMPANY LIMITED
PIONEER HOUSE, MOI AVENUE
P. O. BOX 20333-00200, NAIROBI

GROUP LIFE CLAIM FORM

Scheme Name _____ Policy number _____

Effective Date of Policy _____ Employment Number _____

Nature of claim (tick appropriately)

Death Permanent Total Disability Temporary Total Disability Critical Illness
Funeral Expenses

MEMBER'S PARTICULARS

Member's Name _____

Member's I/D Number _____ Date of Birth _____ Sex _____

Cause of Death/Disability _____

Type of Critical Illness _____

Date of Death/Disability/Critical illness diagnosed _____

DEPENDANT DETAILS (in the case of a death claim)

	Name	Date of Birth	I/D Number
WIDOW/ WIDOWER	_____	_____	_____
ORPHANS (youngest four)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

DECLARATION

We hereby declare and certify that all the particulars provided herein are true to best of our knowledge and belief.

NameSignature and Official Stamp
(Authorized Officer)

Date.....

CLAIMS DOCUMENTATION AND REQUIREMENTS

1. DEATH CLAIM

- a) Original/Certified copy of Death Certificate
- b) Original/ Certified copy of Burial permit
- c) Original/ Certified copy of Letter of surrender of identity card
- d) Certified 3 last pay slips of the member
- e) Completed Pioneer Assurance Claim form

2. CRITICAL ILLNESS/DISABILITY CLAIM

- a) Doctor's report
- b) Copy of ID
- c) Letter from employer
- d) Certified 3 last pay slips of the member
- e) Completed Pioneer Assurance Claim form