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# LIFE POLICY



## CLAIM FORM

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**The Jubilee Insurance Company of Kenya Limited**  
**Head Office:**

Jubilee Insurance House, Wabera Street,  
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya  
Email: [jic@jubileekenya.com](mailto:jic@jubileekenya.com)

**Mombasa:**

Jubilee Insurance Building, Moi Avenue,  
P.O. Box 90220 - 80100, Mombasa, Kenya  
Email: [mombasa@jubileekenya.com](mailto:mombasa@jubileekenya.com)

**Kisumu:**

Jubilee Insurance House, Oginga Odinga Road,  
P.O. Box 378 - 40100, Kisumu, Kenya  
Email: [kisumu@jubileekenya.com](mailto:kisumu@jubileekenya.com)

**DIRECTIONS:**

Please read carefully and fill out the entire form.

1. This form must be completely and legibly filled out in BLOCK letters in order for us to process your claim.
2. Date and sign the form and ensure that the same is signed and stamped by the Doctor/Provider in the space provided.
3. Incomplete claim forms will delay processing of the claim.

Notice is hereby given to The Jubilee Insurance Company of Kenya Limited that \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_, the holder of policy no \_\_\_\_\_ and that the undersigned had a good and valid interest in the said life policy and in proof of claim does make the following answers and statements:

1. When did the deceased first complain of not being in good health?

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2. When did the deceased or any person on his behalf first consult a physician either for the original trouble or for some subsequent complication?

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3. State the length of time the deceased was confined to the house or unable to attend to business?

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4. What physicians have attended to the deceased both prior to and after the issue of the policy?

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5. What was the immediate cause of death?

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6. Last residence: \_\_\_\_\_  
\_\_\_\_\_

7. Had residence been elsewhere since the date of the policy? If so, where and when?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What profession or occupation has the deceased followed since the date of the policy? State each.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Had any proposals to assure his life ever been declined? If so, by what company and when?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Place and date of birth: \_\_\_\_\_  
\_\_\_\_\_

11. Was the deceased married or single? \_\_\_\_\_

12. Had the deceased any other life assurance? If so, state in what companies or societies and for what amounts.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How long have you known the deceased, and what is your relation to the deceased?  
\_\_\_\_\_

14. Was an inquest or post mortem examination held on the body? \_\_\_\_\_  
\_\_\_\_\_

15. Is the assurance claimed under Assignment? If so, produce assignment. \_\_\_\_\_

16. If claim is not made under an assignment, Grant of Representation should accompany this form.

And I/ We \_\_\_\_\_ of address \_\_\_\_\_  
the claimant/s make oath and say that the foregoing statements are true in substance and in fact and that I am/ we  
are of full age of eighteen years.

Signature of claimant \_\_\_\_\_

Full name of claimant \_\_\_\_\_

Sworn before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Justice of Peace  
Magistrate, Notary Public or Commissioner of Oaths