



UAP BIASHARA FLEXI CLAIM FORM

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

Please fill in the relevant section as per the reason for claiming. Note that the Member Details below must be filled for all type of claims. To help us to process your claim in a timely manner, please follow the guidelines below:

- Ensure that all the relevant sections of this claim form are fully completed
- All the required documents must be submitted upon submission of the claim from
- In case of death, the undersigned hereby undertakes to present the death certificate; if for any reason it is not ready at the time of this claim, please ensure we receive it within one month from the date of this form.

MEMBER DETAILS

Name of the member _____ Staff Membership/Payroll No _____
 Date of Birth _____ Mobile Number _____
 Date of Joining the Scheme _____ Date of Employment _____
 Date of Event leading to claim _____ Place of Event _____
 Cause of the claim _____
 If Illness, state duration of illness _____ Date last worked for employer _____
 Occupation at time of Event _____ Dept./Station at time of Event _____

TYPE OF CLAIM

(please tick as appropriate)

Death Accidental Death
 Accidental PTD Funeral Benefit
 Critical Illness claim

EMPLOYER'S STATEMENT

(Signing must be done by two people who can be either of head of Human Resource, Finance Director, Company Secretary or the Managing Director)

Notice is hereby given of the death/injury/diagnosis with a critical illness of the above referred member, an employee of this company, who was insured under Policy Number _____ and who entered our employment on _____.

We hereby warrant that the said employee was in our employment at the time of death /injury/diagnosis and on our payroll continuously from the date he/she entered the scheme. We also declare that all facts declared hereto are true to the best of our knowledge and belief.

Name _____
 Designation _____
 Signature _____
 Date _____

Name _____
 Designation _____
 Signature _____
 Date _____

***** Kindly impress the organization's official stamp***.**

UAP Life Assurance Company Limited.
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