



BENEFIT CLAIM FORM

POLICY NUMBER:

APPLICATION FOR DEATH CLAIM

The application for the Death and Burial Benefits consists of this claim form and any additional documentation to be submitted by you. Please fill out every space on the death claim form so as to avoid delays in our examination for the application benefit.

If a section does not apply or the information is not available, please write “NONE” in the space. If an incomplete form is received, it may be returned.

REQUIRED DOCUMENTATION FOR CLAIMS APPLICATION

(Please tick the documents submitted)

Death Certificate Medical cause of death certificate Police report (in case of accidental death)
 Burial documentation Mortuary Documentation Proof of age of deceased (Voter’s card,
 National ID, Driver’s license, International Passport ID Card of claimant

Should you have challenges in accessing any of the above listed documents, please do not hesitate to contact our Claims Unit on **0700ENTERPRISE**

NOTE:

- Submission of fraudulent documents even in genuine cases may result in undue delay or outright repudiation of the claim
- If after settlement of Claim, Enterprise Life’s investigation proves that there was any fraudulent act in the processing of the claim, Enterprise Life reserves the right to prosecute the claimant and publish the act in any National dailies or Newspaper.

PARTICULARS OF DECEASED

Name of Deceased	Date of Birth:	Work/Home Phone Number:	Occupation:
Physical Address:			
Employer:	Place of Death (Home, hospital)	Date/Time of Death:	Cause of Death:
If accidental, name place of accident/accident summary:			Name of Police station:
Body deposited in Mortuary? (Yes/No)	Name & Contact of Mortuary:		Has the deceased been buried? (Yes/No)
Intended date of burial:	Name of Cemetery:	Name of church/mosque that conducted the burial:	



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	NAME	DATE OF BIRTH	HOME/MOBILE NO	PHYSICAL ADDRESS (Including landmarks)	Employer Details (Organization/ Phone Number)
CLAIMANT					
BROTHER/ SISTER WORKING IN A RECOGNIZED INSTITUTION					
SPOUSE OF CLAIMANT					
ELDEST CHILD OF DECEASED					

CLAIMANT'S ADDRESS/BANKING DETAILS:

ACCOUNT NAME:

BANK NAME:

ACCOUNT NUMBER:

DECLARATION OF A GENUINE REQUEST

I holder/claimant of policy number declare that the evidence of Death/Permanent disability/Critical Illness that I present to Enterprise Life for the processing of my benefit are genuine and the event on which I make the benefit request is also genuine.

I agree to have my policy cancelled with **NO** premium refunds should my claim turn out to be fraudulent.

I further declare that the above statements and answers to the above questions are full and true, that I have withheld no material information and that I undertake to furnish any documentation which may be required by Enterprise Life. I expressly waive all provisions of law, customs or professional etiquette forbidding any physical or other person who attended to or examined the deceased or any institution in which the deceased received treatment, to disclose any knowledge or information which was thereby acquired and I authorize all such persons or agencies to furnish information in their possession to Enterprise Life.

Signature of Claimant:

Signed Date:.....