



FUNERAL EXPENSE PLAN CLAIM FORM

Full Name of Deceased

Policy Number

Date of Death

Place of Death

Cause of Death

Policy Owner's Name

Documents required

- 1. Original Death Certificate
- 2. Copy National Identity Card or Birth certificate or Passport
- 3. Original Burial permit

I the undersigned hereby undertake to deliver the original Death Certificate to the company if not ready at the time of this claim within one month from the date of this form.

I hereby confirm that all the information provided in this form and documents in support of the claim are complete and true to the best of my knowledge.

Fraud notice

Lodging fraudulent claim(s) may result into the Policy being voided, or cancelled, at the Company's discretion from the time the fraud is discovered and an official report made to the police.

The Company reserves the right to recover from the policy owner the full benefits paid under the policy if the claim is found to be fraudulent and may further take legal action against such fraudulent claimants

DATED

FULL NAME OF CLAIMANT.....

SIGNATURE

NAME OF BENEFICIARY.....

BENEFICIARY ID NO.....

(Attach copy)

APA LIFE

Head Office: Apollo Centre, 07 Ring Road Parklands, Westlands, P.O. Box 30389, 00100 Nairobi. Tel: 254 020 364 1000

Fax: 254 020 364 1100, Email: insurance@apalife.co.ke, Website: www.apalife.co.ke

BRANCH OFFICES: Mombasa | Nakuru