NOTIFICATION OF CLAIM

LIBERTY

LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Liberty Life Assurance Kenya Limited
PO Box 30364-00100, Nairobi, Kenya
t 254 20 286 6000 **f** 254 20 271 8365
e libertylife@libertylife.co.ke
www.libertylife.co.ke

NOTICE IS HEREBY GIVEN THAT

Name

Policy number

Name of institution/organization (if group)

Admission number (if student)

☐ Died naturally
☐ Died accidentally
☐ Was injured in accident
☐ Was disabled
☐ Was dismembered
☐ Was Hospitalized

Date D D - M M - Y Y Y Y

Details

The necessary claim forms are being prepared and will follow shortly

Date D D - M M - Y Y Y Y

Reported at

Agency Manager

Reported by

Relationship to Insured

Address

Postal code

Telephone Number

E-mail Address

Signature

FOR GROUP INSURANCE THIS SHOULD BE SIGNED BY THE EMPLOYER