

PROOF OF CLAIM ON DEATH CLAIMANT'S STATEMENT

In the matter of Policy Number	<input type="text"/>	Issued by	<input type="text"/>
	MADISON LIFE ASSURANCE KENYA LIMITED		
On the life of the late	<input type="text"/>		
	herein after called the "Deceased"		
1. Date and place of death of deceased.	<input type="text"/>		
2. Total benefit	<input type="text"/>		
3. State the name and address of each physician who attended or prescribed for the deceased during the last year prior to death or since the deceased became ill.	<input type="text"/>		
4. In what capacity or by what title do you make the claim to the proceeds of the said Policy?	<input type="text"/>		
5. Are you legally entitled to receive the whole of the monies payable under the said Policy and to give the Company a good and effectual discharge thereof?	<input type="text"/>		
6. Are you over 18 years of age?	<input type="text"/>		
	I do hereby declare that I have answered the foregoing questions to the best of my knowledge and belief.		
Claimant	<input type="text"/>		
Claimant's Address	<input type="text"/>		
Claimant's Telephone Number	<input type="text"/>		
Claimant's Signature	<input type="text"/>	Date	<input type="text"/>
Witness' Name	<input type="text"/>		
Witness' Address	<input type="text"/>		
Witness' Telephone Number	<input type="text"/>		
Witness' Signature	<input type="text"/>	Date	<input type="text"/>