

CERTIFICATE OF THE ATTENDING PHYSICIAN

PROOF OF CLAIM ON DEATH - MEDICAL ATTENDANTS STATEMENT

issued by

MADISON LIFE ASSURANCE (KENYA) LIMITED

In the matter of Policy No.

on the life of the late

hereinafter called the "Deceased"

1. Date and place of death

2. State the probable age of the deceased

3. Were you the usual medical attendant of the deceased?

4. State the cause of death and any important facts connected therewith

5. If a disease was the cause of death:

(a) What was the name of the disease and how long had there been symptoms of the disease?

(b) What was the exact duration of the last illness?

(c) Did you attend during the whole course of the illness

(d) Was the illness complicated by any other disease. If so, please give particulars?

6. If an accident was the cause of death:

(a) Was the deceased suffering from any disease which might or might not have been a contributory factor? If so please state the name of the disease.

(b) How long had there been symptoms of the disease?

7. May we assume that as far as you are aware the health of the deceased had not been affected by the use of drugs, alcohol e.t.c.?

8. Was there anything noteworthy or with which the Company should be acquainted, in the history, progress or treatment of the case?

I do hereby declare that I have answered the foregoing questions to the best of my knowledge and belief.

Signature

Date

(Physician)

Qualifications

Address