



HEAD OFFICE: PIONEER HOUSE, MOI AVENUE

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## Group Credit Claim Form



Scheme Name:		Policy No.:	
Effective date of policy:		Employment/Member No.:	
<b>Nature of Claim (tick appropriately)</b>			
Death <input type="checkbox"/>	Permanent total disability <input type="checkbox"/>	Critical illness <input type="checkbox"/>	Funeral expenses <input type="checkbox"/>
<b>Life on which Claim is made:</b>	Principal member <input type="checkbox"/>	Dependant <input type="checkbox"/>	

### Member's particulars

Member's Name		ID No.:	
Deceased's Name			
Date of Birth		Sex	
		Cause of Death/Disability	
Date of Death/Disability/Critical illness diagnosed		Nature	

### Claims details

No.	Amount of Loan.	Interest Rate Charged	Term (Months)	Monthly Repayment	Nature of Loan	Date Loan Disbursed-to the member	Date declared to Pioneer	Amount Claimable from Pioneer.
1.								
2.								
3.								
4.								

Loan balance (KES)	
Savings rider (KES)	
Funeral expense (KES)	
Total claim amount (KES)	

### DATA COLLECTION STATEMENT

Pursuant to the data protection act 2019 ("DPA"), Pioneer Assurance Company Ltd (hereafter PACL, in its capacity as a data controller under DPA is required to obtain your explicit and informed consent before it can collect or process any personal data to administer applied insurance products and services as required. PACL will treat all your personal information as private and confidential.

Nothing about you will be disclosed to anyone except to the following classes of people or in the following exceptional circumstances:

1. To Pioneer Assurance Company Ltd, its subsidiaries, insurers and service providers and other member of the permitted parties.
2. Where PACL is legally compelled to do so under any Kenyan laws, foreign laws as may be applicable, Regulatory Bodies and;
3. For purpose of concluding contractual obligations, and Promotion of products and services marketed by PACL or its partners using the contact particulars which PACL may have in its records from time to time.

Tick the checkbox if you Agree

### DECLARATION

We hereby declare and certify that all the particulars provided herein are true to best of our knowledge and belief.

Name:	
Signature and official stamp (Authorized officer)	
Date:	

**CLAIMS DOCUMENTATION AND REQUIREMENTS****DEATH CLAIM OF A PRINCIPAL MEMBER (Tick on the right column to indicate attachment of document)**

a) Original/Certified copy of Death Certificate	
b) Original/ Certified copy of Burial permit	
c) Original/ Certified copy of Letter of surrender of identity card	
d) Member statements (Loans and Deposits)	
e) Completed Pioneer Assurance Claim form	
f) Letter from the Sacco	
g) Loan Application form	

**FUNERAL EXPENSE BENEFIT (Tick on the right column to indicate attachment of document)**

a) Original/Certified copy of burial Permit	
b) Copy of ID/Birth certificate for Child	
c) Letter from the Sacco	
d) Proof of dependancy for spouse	
e) Completed Pioneer Assurance Claim form	

**DISABILITY CLAIM (Tick on the right column to indicate attachment of document)**

a) Doctor's report	
b) Copy of ID	
c) Letter from the Sacco	
d) Member statement (Loans)	
e) Completed Pioneer Assurance Claim form	
f) Loan Application form	