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Group Last Expense Claim Form



Scheme Name			
Policy No.			
Policy Effective Date		Member No.	
Nature of Funeral Expense claim (tick appropriately)			
Principal		Dependant	

MEMBER'S/DECEASED'S PARTICULARS

Principal Member's Name			
Deceased's Name			
Deceased's ID/Birth Certificate Number		Sex	
Date of Death		Date of Birth	
Cause of death:			

Dependant details (in the case of a Dependant last expense claim)

Relationship of the member to the deceased:	
Comments:	

DATA COLLECTION STATEMENT

Pursuant to the data protection act 2019 ("DPA"), Pioneer Assurance Company Ltd (hereafter PA CL, 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. PA CL 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 PA CL 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 PA CL or its partners using the contact particulars which PA CL may have in its records from time to time.

Tick the checkbox if you Agree

DECLARATION BY AUTHORIZED OFFICIAL ONLY

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:	
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	