



PIONEER ASSURANCE COMPANY LIMITED
PIONEER HOUSE, MOI AVENUE
P. O. BOX 20333-00200, NAIROBI

GROUP CREDIT CLAIM FORM

Scheme Name _____ Policy number _____

Effective Date of Policy _____ Employment Number _____

Nature of claim (tick appropriately)

Death Permanent Total Disability Temporary Total Disability Critical Illness

Funeral Expenses

Life on which Claim is made: Principal Member Dependant

MEMBER'S PARTICULARS

Member's Name _____ ID NO: _____

Date of Birth _____ Sex _____ Cause of Death/Disability _____

Date of Death/Disability/Critical illness diagnosed _____ Nature _____

DETAILS OF CLAIM							
FOLIO	Amount of Loan	Term(Months)	Monthly Repayments	Nature of Loan	Date Disbursed	Date declared to Pioneer	Amount Claimed
1							
2							
3							
4							
5							

Loan Balance (KES)

Savings Rider (KES)

Funeral expense(KES)

Total Claim Amount (KES)

DECLARATION

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

NameSignature and Official Stamp
(Authorized Officer)

Date.....

CLAIMS DOCUMENTATION AND REQUIREMENTS

1. DEATH CLAIM OF PRINCIPAL MEMBER

- 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 statement
- e) Completed Pioneer Assurance Claim form
- f) Loan Application form

2. FUNERAL EXPENSE BENEFIT

- 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

3. DISABILITY CLAIM

- f) Doctor’s report
- g) Copy of ID
- h) Letter from employer
- i) Member statement
- j) Completed Pioneer Assurance Claim form
- k) Loan Application form