Proof of Death

LIBERTY
In it with you

ADVISE INSURE INVEST
Regulated by the Insurance Regulatory Authority

Liberty Life Assurance Kenya Limited
PO Box 30364-00100, Nairobi, Kenya
t 254 20 286 6000 **f** 254 20 271 8365
e libertylife@libertylife.co.ke
www.libertylife.co.ke

The medical certification follows the recommendations of the World Health Assembly made in Geneva on July 24, 1948, All answers must be in the physician's handwritting
In the interest of accurate vital statistics, please conform to the International List of Causes of Death.

PART 1: PHYSICIAN'S STATEMENT

Full name of deceased

Date of death (Date / Month / Year)

Age at death or date of birth (Date / Month / Year)

Residence at death

Place of death (name of hospital or institution)

Cause of death *(Enter only one cause for each of a,b and c)*

Interval between onset and death

Disease or condition on directly leading to death. (*This does not mean the mode of dying, such as heart failure asthenia, etc, it menas the disease, injury or complications which caused death)*

(a)

(b)

Antecedent causes. *(Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last)*

Due to (b)

(b)

Due to (c)

(c)

Other significant conditions: *(contributing to the death but not related to the disease or condition causing death.)*

Date of first attendance in last illness (Date / Month / Year)

Date of last attendance in last illness (Date / Month / Year)

If death was due to an accident, suicide or homicide, specify which

Describe briefly

Was an inquest held? Yes ☐ No ☐

Was an autopsy performed? Yes ☐ No ☐

If so, by whom and with what findings?

Were there any identification marks on the body? Yes ☐ No ☐

If "yes", give particulars

Have you treated or advised the deceased during the last 5 years, prior to last illness? Yes ☐ No ☐

Did the deceased, to your knowledge, receive treatment during the last 5 years from any other physician or in any hospital or institution? Yes ☐ No ☐

If "Yes" to either question, please furnish the following

Name

Address

Nature of illness or injury

Date (Date / Month / Year)

THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Name

Address

Signature

Date (Date / Month / Year)

PART 2: CONFIDENTIAL MEDICAL REPORT

A review of my medical records reveals the following.

PHYSICAL EXAMINATION

Date examined ____ (Date) ____ (Month) ____ (Year) Height ____ Weight ____ Kg

Blood Pressure ____ Pulse ____

Appearance ____

Were any X-rays done? Yes ☐ No ☐ If "Yes", please give details of type(s) and results.

____

Were any ECG's done? Yes ☐ No ☐ If "Yes", attach copies of results

Urinalysis results Yes ☐ No ☐ If "Yes", attach copies of results

Has a HIV-test been done? Yes ☐ No ☐ If "Yes", attach copies of results

Have other blood studies been done? Yes ☐ No ☐ If "Yes", attach copies of results

PRIOR MEDICAL HISTORY

(If answer to Question 8 in Part 1 of this statement is "Yes", please complete the questions below.) Include copies of Pathology reports or other special studies.

DATE CONSULTED	COMPLAINTS AND/OR DIAGNOSIS	PHYSICAL OR LABORATORY FINDINGS	TREATMENT

THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Doctor's name ____

Signature ____ Date ____ ____ ____

Stamp ____

DECLARATION

I/We consent to Liberty Life Assurance Kenya Limited:

(i) Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;

(ii) Collecting and sharing my personal data in accordance with the privacy statement on its website (https://www.liberty.co.ke/);

(iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;

(iv) And /Or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and Liberty Life Assurance Kenya Limited.

I/We hereby declare that I have read and understood the provisions this Form.

____ ____

Proposer's Signature Date