



TULIZO (LAST EXPENSE) CLAIM FORM

REMEMBER: Incomplete answers will lead to delayed processing of your claim.

INSURED	Name _____ Name of Church / Parish _____ Name of Deanery _____ Address _____ Phone Number: (Used during Registration) _____
DECEASED DETAILS	Deceased Names _____ Member Number _____ Date of Death _____ Cause of Death _____ Place of Death _____ Next of Kin _____ Beneficiary Phone Number (To send benefits if less than Kshs 70,000) _____ Benefits Payable (Amount) _____

For Comfort & Peace in Life



*I DECLARE that these particulars are true and correct and undertake to forward immediately
(and answered) any correspondence to this loss.*

Date _____ Name _____

Signature of Insured _____
(and stamp)

IMPORTANT

Please attach the following documents: -

- Copy of death certificate / Burial permit
- Copy of ID of deceased and Beneficiary.
- Original Police abstract report (For accidental death only)
- Copy of postmortem report (For accidental death only)

For Comfort & Peace in Life

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THE ASSOCIATION OF KENYA INSURERS