



UAP-Old Mutual Life Assurance Uganda
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CLAIM NOTIFICATION AND DECLARATION FORM

NOTICE IS HEREBY GIVEN THAT:

Policy holderPolicy Number.....

Reference Number Loan Account Number

Customer NameResidence at L.C. 1

Type of loan: SALARY LOAN MICROLOAN OTHER

Loan Term in Months..... Interest Rate Charged on loan

Balance of loan:..... Funeral benefit.....

Put a tick [√] next to the right cause Put a tick next

<ul style="list-style-type: none"> • Died at home • Died in hospital • Died accidentally • Retrenchment • Was disabled permanently/ temporary • Was disabled with critical illness/insanity • Redundancy 	
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Date on which the event occurred:

_____ Day Month Year

We declare that the above member was still covered under the policy at the time of his/her death and that the statements given above are true and complete. We are aware that the furnishing of this form by the insurance company is not admission of liability.

******(The proof of death document should either be post mortem/cause of death certificate for death in a hospital and Local council 1 letter in case of death at home). A registered death certificate is required for all death benefits exceeding UGX 30million

All RTA or other related accidental death should have accompanying Police Report.

DATE: _____

AT _____ (Town/City)

 Stamped and signed by Authorised Official

Reported by: _____

Relationship AND contact: _____

(Recognized authorization may be necessary).