

Policy Number \_\_\_\_\_

**A. Particulars of deceased**

Full names \_\_\_\_\_

Cause of death  Natural  Unnatural Date of Death \_\_\_\_\_Please describe the exact cause of death  
\_\_\_\_\_  
\_\_\_\_\_

Name of doctor or person who certified the death \_\_\_\_\_

Contact number \_\_\_\_\_

**B. Who must Sanlam communicate with**

During the claim process we will communicate with the correspondent (persons you choose to receive the correspondence). Please provide the details of your chosen correspondents.

 Spouse or Family member

Full names \_\_\_\_\_

Relation to deceased \_\_\_\_\_

Identity number \_\_\_\_\_ Contact number \_\_\_\_\_

Postal address \_\_\_\_\_

Email Address \_\_\_\_\_

 Broker of adviser

Full names \_\_\_\_\_

Identity number \_\_\_\_\_ Contact number \_\_\_\_\_

Email Address \_\_\_\_\_

 Other (Attorneys, Bank, Executor)

Name of Institution or person \_\_\_\_\_

Contact person's full names \_\_\_\_\_

Identity number \_\_\_\_\_ Contact number \_\_\_\_\_

Postal address \_\_\_\_\_

Email Address \_\_\_\_\_

**Payment details**Pay Via  EFT  Cheque  Mobile Money

Account holder names \_\_\_\_\_

Bank names \_\_\_\_\_

Account number \_\_\_\_\_  Current  Savings

Mobile Money number \_\_\_\_\_

**C. Declaration**

I further declare that the above statements and answers to above questions are true and full, that I have withheld no material information and that I undertake to furnish any documentation which may be required by Sanlam.

I expressly waive all provisions of law, custom or professional etiquette forbidding any physician or other person who attended or examined the deceased, or any institution in which the deceased received treatment, to disclose any knowledge or information which was thereby acquired and I authorize all such persons or agencies to furnish any information in their possession to Sanlam.

Signature of Claimant \_\_\_\_\_ Sign date \_\_\_\_\_

### What you need to send to us

- A certified copy of the Death certificate,
- A certified copy of the Police report,
- A certified copy of the Postmortem report,
- A copy of the deceased's identity document,
- A copy of the claimant's identity document,
- A certified copy of a 3 months bank statement or Pay slip
- Immunization card / Birth certificate (in case the deceased is a minor),
- Letters of administration in case the claimant is a minor,
- LC 1 letter – confirmation of death,
- A copy of the latest Loan Statement,
- A copy of the latest Loan repayment schedule.

### Where to get more help



Visit your nearest Sanlam office  
Sanlam Life Insurance (U) Limited  
Plot 15 Princess Anne Drive, Bugolobi



Call our Call Center at  
+256 417 726526

#### Kampala (Central)

- Crown house, Plot No. 17/19  
Kampala road

#### Eastern Uganda

- Jinja Plot No. 28/30 Clive road
- Mbale, Plot No. 37 Cathedral avenue
- Soroti, Plot No. 8 North road

#### Northern Uganda

- Gulu, Plot No. 3 Jinah road
- Lira, Plot No. 3 Kabalega road
- Arua, Plot No. 47 Adumi road

#### Western Uganda

- Hoima, Plot No. 54 Main street
- Mbarara, Plot No. 13 High street
- Kasese, Plot No. 72 Rwenzori road

### How to send us the information



P.O. Box 25495, Kampala, Uganda



Email: [claims@sanlam.co.ug](mailto:claims@sanlam.co.ug)



Ask your Sanlam adviser or  
broker to assist you

le.