

Please send the completed form to: **Sanlam life insurance (U) Ltd**

Postal address P.O. Box 25495, Kampala, Uganda Telephone number +256 417 726526

Email address claims@sanlam.co.ug

Please attached the following documents

- A copy of the claimant's identity document, A certified copy of the Police report (in case of accident)
 A certified copy of the specialist doctors report. Certified medical billing receipts and discharge form.
 A certified copy of the Medical report,

Policy Number _____

A. Particulars of Employee / Policy holder

Full names _____
Date of birth _____ Identity Number _____
Cell phone _____ Telephone (home) _____
Occupation _____
Email address _____

B. Particulars of Employer

Name of Institution/Scheme _____
Postal address _____
Name of contact person _____
Telephone (work) _____ Telephone (other) _____
Email address _____

C. Medical details

Description of Illness _____
or Injury _____ Date Illness _____
Hospital name _____
Name of doctor _____
Contact number _____

Payment details

Pay Via EFT Cheque Mobile Money
Account holder names _____
Bank names _____
Account number _____ Current Savings
Mobile Money number _____

D. Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and, I undertake to furnish any documentation which may be required by Sanlam. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of Claimant _____ Sign date _____