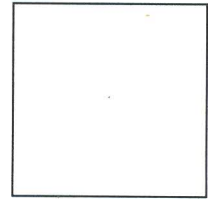




**GHANA UNION ASSURANCE LIFE COMPANY LIMITED**  
Head Office  
F 828/1 Ringway Estates, Osu  
P.O. Box GP 1185, Accra, GHANA  
Tel:021-764674, 783021; Fax 233-21-764168  
E-Mail: [life@qualife.com](mailto:life@qualife.com)



**GROUP CRITICAL ILLNESS CLAIM FORM**

(To be completed by the person legally entitled to the policy moneys)

1. Policy No:
2. Full Name of Life Assured (ie the sick person):
3. Gender: Male/Female
4. Address:
5. Date and Place OF Birth:
6. (a) What was the cause of critical illness ?  (b) Describe the circumstances leading to the discovery of critical illness  (c) If critical illness was as a result of an accident, describe how the Accident occurred. Please submit newspaper reports, if any.
7. (a) When did the life assured first complain of or give indication of his/her critical illness?  (b) When did the life assured first consult a physician for the critical Illness?
8. Is the life assured still at post or when did he/she last attend to his usual work?
9. Is an inquest or medical diagnosis on the life assured pending?  If already done, please, furnish a certified copy of the verdict of Findings.
10. (a) In what capacity do you claim the sum assured?  (b) How long have you known the life assured?  (c) What is your present age?

I -----  
the claimant, do solemnly and sincerely declare that the foregoing answers and statements are full and true to the best of my knowledge and belief, and that I have withheld no material fact from the Company. And I hereby make claim to the said

assurance from GHANA UNION ASSURANCE LIFE COMPANY LIMITED and agree that the written statements and affidavits of all the Medical Doctors who attended to the critically ill and all documents furnished in support of this Claim, shall constitute part of the proofs of illness.

Signature of Claimant-----

Name of Claimant-----

Occupation/Position-----

Address-----

-----

Date-----

Signature of Witness-----

Name of Witness-----

Occupation/Position-----

Name of Witness-----

Occupation/Position-----

Address-----

-----

Date-----

