



**LIFE GHANA UNION ASSURANCE LIFE COMPANY LIMITED**

**Head Office**

**F 828/1 Ringway Estates, Osu**

**P.O. Box GP 1185, Accra, GHANA**

**Tel: 0302-764674, 783021; Fax 233-302-764168**

**DEATH CLAIM FORM**

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

1. Policy No:
2. Name of Deceased (in full):
3. Gender: Male/Female
4. Address:
5. Date and Place OF Birth:
6. Date, Time and Place of Death:
7. (a) What was the cause of death ?  (b) Describe the circumstances leading to death.  (c) If death was as a result of an accident, describe how the Accident occurred. Please submit newspaper reports, if any.
8. (a) When did the deceased first complain of or give indication of his/her last illness?  (b) When did the deceased first consult a physician for the last Illness?
9. When did the deceased last attend to his usual work?
10. Is an Inquest or Post-mortem examination on the body pending? If already done, please, furnish a certified copy of the verdict of Findings.
11. Has the deceased left a widow or widower? If so, please give the full name and address.
12. (a) How many of the deceased's children are living?  (b) What are their ages?
13. Did the deceased leave a will?
14. (a) In what capacity or by what title do you claim the assurance?  (b) How long have you known the deceased?  (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 deceased and all documents furnished in support of this Claim, shall constitute part of the proofs of death.

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-----

**N.B.**

**Kindly, attach the following documents:**

- 1. Policy Document**
- 2. Burial Certificate**
- 3. Death Extract (where necessary)**
- 4. Letters of Administration or Judicial Affidavit (where necessary)**



**GHANA UNION ASSURANCE LIFE COMPANY LIMITED**  
**Head Office**  
**F 828/1 Ringway Estates, Osu**  
**P.O. Box GP 1185, Accra.**  
**Tel:021-783021, 784674; Fax 233-21-764168**  
**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

I hereby certify that I have medically attended...(Mr/Mrs/Miss).....

of .....  
 .....

apparently or stated to be aged.....years; that I last saw him/her on the.....

day of .....200...; that he/she was suffering from.....

.....;that he/she died, as I am aware or informed, on the .....day of

.....200... at.....am/pm. and that the cause of death was to the best

of my knowledge and belief as herein stated,

Disease or condition directly leading to death: (i)..... due to (or as consequence of)	Approximate interval between onset and death .....
Antecedent causes: (ii)..... Morbid conditions, if any , giving rise to the above cause. due to (or as a consequence of)	.....
Other significant conditions contributing to the death, but not related to the disease or condition causing it. (iii).....	.....

Witness my hand this.....day of .....200....

Name and Medical Qualification.....

.....

Signature..... Date.....

Address.....

.....official stamp