

Critical Illness Claim KCC

Scheme Code: _____
Scheme Name: _____
Member Number: _____
Member Name: _____
Member ID Nr: _____

Mark with (X) or provide relevant answer:

Trauma Claim: Declaration by fund/scheme	
Statement by insured for a trauma claim	
Questionnaire to doctor: Trauma	
Medical report by doctor	
Existing Specialist reports (if available)	
Incident Date	
Salary statement as at incident date	
Copy of the insured's Identity Document	
Bank verification of beneficiary	
FIA Form 2 (Natural Person)	

Administrator: _____

Date: _____

Insurance

Financial Planning

Retirement

Investments

Wealth

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