



# AFRICAN ALLIANCE INSURANCE PLC

## STATEMENT OF CLAIM

Policy ..... on the Life .....  
 We the undersigned as.....  
 (Insert Claimants description viz: Grantee, Trustee, Assignee, Administrator etc.) Hereby  
 claim payment of sum of N .....

.....  
 (Less any sums owing to the company) in respect of the above mentioned Policy, which will be  
 retained by the company on final settlement of the claim.

I/We enclose the following documents in support of the claim with the original policy  
 and.....  
 .....

(A written explanation should be given if any documents of title cannot be produced).  
 I/We request that subject to admission of the claim, payment in satisfaction thereof be made by  
**crossed cheque** in favour of

.....  
 DATED this.....day of.....2010.....

Witness----- \*-----)  
 Address----- Claimant (S) To Sign Here  
 -----  
 Occupation-----

Witness----- \*-----)  
 Address----- Claimants (S) To Sign Here  
 -----  
 Occupation-----

Witness----- \*-----)  
 Address----- Claimants (S) To Sign Here  
 -----  
 Occupation-----

\*If there is more than one claimant all must sign. One witness is required for each Claimant.

Kindly let us have the following information to enable us credit your account

A/C Name:.....

Name of Bank:.....

Account No:.....