Britam
With you every step of the way

POLICY CLAIM/BENEFIT PAYMENT AUTHORISATION FORM VIA M-PESA

POLICY No: ………………………………… **CLAIM/BENEFIT TYPE:** ……………………………………………..………..

CLAIM/BENEFIT DATE (occurrence/application): DD/ MM/YYYY ……………………………………………………..……

I, ……………………………………………………………………… (FULL NAMES), hereby authorize British-American Insurance Company (K) Limited (hereinafter referred to as "the Company") to make the claim/benefit payment against the policy stated above through M-PESA service provided by Safaricom Limited to the Safaricom mobile telephone number ☐☐☐☐☐☐☐☐☐

(in words) ……

I confirm that I'm the legally registered owner of the mobile telephone number stated above.

I confirm that the stated mobile telephone number is registered for M-PESA services with Safaricom Limited and understand that my request for payment via the MPESA service will not be honoured if I'm not a registered user of the M-PESA service.

I confirm that I'm the holder of the identification number stated below and that it is registered with Safaricom Limited for use of M-PESA services.

I confirm that I'm the owner/beneficiary (*strike out where not applicable*) of the above stated policy number. If not the owner/beneficiary, I'm claiming in my capacity as …………………………………….………………

I understand that use of this method to make the claim/benefit settlement to me will be subject to the terms and conditions of the M-PESA service as from time to time prescribed by Safaricom Limited and hereby agree to be bound by those terms and conditions.

I understand that the Company shall not be liable if the mobile telephone number provided above is incorrect, does not belong to me and/or is not registered in my name and hereby fully absolve the Company from any liability arising therefrom.

ID Type (Kenyan National ID/Passport) :…………………..……………………….. Number: …………………..………………….

Postal Address …………………………………………………..…………………………………. Code …………….…...

Email Address: …………………………………………**KRA PIN NO**……………………………………………………….

Dated at (town): ……………………………….......this …………..…. day of (month) …………………..………..…… 20……....

Applicant's Signature: ……

Witness Name**:** ……………………………………………………………….. Signature: …………………………………………

IMPORTANT NOTICE:

Although payment is through M-PESA, claimants will receive an SMS on the stated mobile phone number from **504900 - COMMERCIAL BANK OF AFRICA MPESA PAYMENTS A/C** once the transfer has been done**.**

Use of M-PESA to settle claims/benefits is at the Company's discretion and is restricted to those payments where the net value payable to the claimant is within the maximum limit for a single transaction as from time to time set by Safaricom Limited. The Company shall not split claim/benefit payments whose net value is greater than the aforementioned maximum into multiple transactions to effect payment to an individual claimant and shall make payment by a single transaction only.