

Flight Delay

Claim Form



American Life Insurance Company (MetLife)

Kuwait, P.O. Box 669, Safat 13007, State of Kuwait

Tel + 965 2 208 9350, Fax + 965 2 208 9334, Gulfifeclaims@metlife.com

▶ Please provide all relevant information completely and legibly.

Name of Claimant(s): First Last name

Policy number: Date of claim

Relationship to card member

Reason for flight delay

Airline Flight no. (If applicable)

Expected time of departure Actual time of departure

Place of departure Expected time of arrival

Time of arrival Place of arrival

Type of expenses incurred

and for whom*
(*Please state the name and address)

Bank details of Beneficiary / Payee required for wire transfer

Beneficiary / Payee Name

Beneficiary / Payee Full Address

Mobile No. Country Code Area Code E-mail

Bank Name Currency Account

Bank Address

Bank Account Holder Name

Bank Account No. Swift Code

IBAN No.

I, the undersigned, hereby confirm that all above information is correct and related to my Bank Account.

Signature

Need help?

How to contact us							How to submit the form
Country	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country	Please send original documents to: Customer Care - MetLife Kuwait, P.O. Box 669 Safat 13007, State of Kuwait
Call us	800 - MetLife (800 - 6385433)	+965 2 208 9333	800 70708	800 08033	800 9711	+971 4 415 4555	
Mail us	P.O. Box 669 Safat 13007, State of Kuwait						
E-mail us	Gulfifeclaims@metlife.com						
Website	www.metlife-gulf.com						

We are committed to providing you with the highest service standards. If you feel that we have not lived up to these standards we would like to hear about it, so we can put it right for you. Please visit our "Feedback and complaints" page on www.metlife-gulf.com to see how you can get in touch and learn about our Complaints Handling Process.

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Registration No. 7245

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