

Service Call Check List



American Life Insurance Company (MetLife)
 Kuwait, P.O. Box 669 Safat 13007, State of Kuwait
 Tel +965 2 208 9333 - Fax + 965 2 208 9334

Policy Owner Name	<input type="text"/>		
Full Address	<input type="text" value="Country - P.O. Box - City"/>	Tel. No. (Mobile)	<input type="text"/>
E-mail	<input type="text"/>	Tel. No. (Business)	<input type="text"/>
Policy Number 1	<input type="text"/>	Policy Number 2	<input type="text"/>
Policy Number 3	<input type="text"/>	Policy Number 4	<input type="text"/>
Policy Number 5	<input type="text"/>	Policy Number 6	<input type="text"/>
*Policy Owner	<input type="text" value="in his/her own handwriting"/>	<input type="text" value="Signature"/>	<input type="text" value="Date / Place"/>

Additional Information:

Old AOR Name	<input type="text"/>		
Old AOR Code	<input type="text"/>	Agency Name	<input type="text"/>
Old AOR Status	A <input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/> (Tick applicable)		
New AOR Name	<input type="text"/>		
New AOR Code	<input type="text"/>	Agency Name	<input type="text"/>
New AOR Signature and Date	<input type="text" value="Signature"/>	<input type="text" value="Date"/>	
Reason for change of Agent	<input type="text"/>		

For Internal use only

*Unit Manager	<input type="text" value="in his/her own handwriting"/>	<input type="text" value="Signature"/>	<input type="text" value="Date / Place"/>
*Agency Manager	<input type="text" value="in his/her own handwriting"/>	<input type="text" value="Signature"/>	<input type="text" value="Date / Place"/>
*Agency Exec	<input type="text" value="in his/her own handwriting"/>	<input type="text" value="Signature"/>	<input type="text" value="Date / Place"/>
*Branch Admin.	<input type="text" value="in his/her own handwriting"/>	<input type="text" value="Signature"/>	<input type="text" value="Date / Place"/>

***The details of name/signature/date/place are mandatory. If Agency Manager and/or Agency Executive are not available for signature, an e-mail approval is to be received (from their official e-mail ID) and attached with this form for further processing.**