

Baggage Delay/Loss

Claim Form



American Life Insurance Company (MetLife)

Oman, P.O.Box 894, Postal Code 114, Jibroo, Sultanate of Oman

T. +968 2 478 7531, F. +968 2 470 04634, Gulfclaims@metlife.com

▶ Please provide all relevant information completely and legibly.

Name of Claimant(s): First Last name

Policy number: Date of claim

Certificate No.

Relationship to card member

Airline Flight no. (If applicable)

Time of departure Place of departure

Time of arrival Place of arrival

Type of expenses incurred*

*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

Declarations

I hereby grant MetLife my unambiguous consent, to process, share and transfer my Personal Data* to a recipient inside or outside this country (including but not limited to MetLife Inc. and / or American Life Insurance Company's Headquarters and their branches, affiliates, reinsurers, business partners and/or to any actual or potential assignee, novatee or transferee of MetLife) where the processing, transferring or sharing of my Personal Data is requested by any of the above mentioned recipients or necessary or required for the performance of MetLife's obligation under this application and/or the insurance policy, or to comply with any obligation which MetLife is subject to.

*Personal Data means all information relating to me (whether marked "personal" or not) disclosed to MetLife by whatever means either directly or indirectly which concerns, including but not limited to, my medical conditions, treatments, prescriptions, business, operations, contact details, account balances/activities or any transactions undertaken with MetLife.

Signature of Claimant Date

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.

American Life Insurance Company - Registered under CMA "Capital Market Authority" -Registration No. 1122495

American Life Insurance Company is a MetLife, Inc. Company

CLM-BDC-APP-OMN-0720-H