Proofs of Death



	All answer must be in Physician's handw Please provide all relevant information c		Kuwait, F	rican Life Insurance Company (MetLife) P.O. Box 669, Safat 13007, State of Kuwait 5 2 208 9334, Gulflifeclaims@metlife.com
1.	a) Deceased's full name			
	b) Residence at death			
	·			
		e of death	e) Place of death	
) If died in hospital or institution, please provide name			
2.	Cause of death (enter only one cause for each of a, b, and c) Disease or condition directly leading to death			
	(a)			
	Due to (b)			
	Due to (c) Interval between onset and death			
	a)			
	b)			
	>			
	c)			
3.	Date of first attendance in last illness			
4.	Date of last attendance in last illness			
	If death was due to suicide, homicide or accident, specify which. Describe briefly			
6.	(a) Was an held?			
	(b) Was an autopsy performed?			
	(c) If so, by whom and with what findings?			
7.	7. (a) Were there any identification marks on the body? Yes			
(b) If "yes", give particulars				
8.	 (a) Have you treated or advised the (b) Did the deceased, to your know or in any hospital or institution? If "yes", to either question, please furnities 	ledge, receive treatment dur		er physician,
	Name	Duration	Nature of illness or injury	Date
				D D M M Y Y Y
Th	nese statements are true and comple	te to the best of my knowledg	e and belief.	
Na	ame of Physician			
Ph	nysicians Email Address			
Ad	ddress of Physician			
Signature and Stamp		M.D. Dat	e D D M M Y Y Y Y	
it, s	e are committed to providing you with the so we can put it right for you. Please visit ou omplaints Handling Process.	highest service standards. If you "Feedback and complaints" page of the service standards of the service standards of	feel that we have not lived up to these star on <u>www.metlife-gulf.com</u> to see how you c	ndards we would like to hear about an get in touch and learn about our

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