Baggage Delay/Loss

▶ Please provide all relevant information completely and legibly.





American Life Insurance Company (MetLife)

Qatar, Jaidah Square Building, 3rd Floor Office 304A, P.O. Box 913, Airport Road, Tel. +974 444 05 444, Fax. +974 444 05 445, Doha, Qatar CustomerCare.QA@metlife.com

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 D D M M Y Y Y

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.