

Accident Benefit Claim

Employer's statement for leave indemnity claim

American Life Insurance Company (MetLife)

Haffa House Hotel - Ruwi - 2nd floor

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

Tel +968-24707827 Fax. +968-24700463

► Please provide all relevant information completely and legibly.

This statement must be completed by the employer, or his duly authorized agent, such as a Superintendent Paymaster, etc. It must not be completed by a clerk, bookkeeper or foreman, unless specially authorized, nor by any Agent of MetLife.

1. Full name of the Insured

2. Name and business address of Insured's employer

3. When was the Insured compelled to give up his/her duties? (Give exact date)

4. When did the Insured return to work?

5. Was the Insured's injury the sole cause of his/her absence from duty for all of the above period? if not, give particulars.

Title

Signature and seal

Witness

Date

Need help?

Country	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country
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 894, Postal Code 114, Jibroo - Sultanate of Oman					
E-mail us	CustomerCare.OM@metlife.com					