Flight Delay
Claim Form

American Life Insurance Company (licensed by Qatar Central Bank)
Abdul Jaleel Abdul Ghani Business Center, 26 Airport Road,
Office No 402 & 403, 4th floor, PO Box 913, Doha, Qatar
Tel +974 44655057 - Fax +974 44663409 - CustomerCare.QA@metlife.qa

▶ Please provide all relevant information completely and legibly.

Name of Claimant(s): First | Last name

Policy number: | Date of claim D D M M Y Y Y Y

Relationship to card member

Reason for flight delay

Airline | Flight no. (If applicable)

Expected time of departure | Actual time of departure

Place of departure | Expected time of arrival

Time of arrival | Place of arrival

Type of expenses incurred

and for whom*
(*Please state the name and address)

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 X | Date D D M M Y Y Y Y

Need help?

How to contact us

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 371916, Dubai – U.A.E.					
E-mail us	CustomerCare.QA@metlife.qa					
Website	www.metlife-gulf.com					

How to submit the form

Please send **original** documents to:

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Abdul Jaleel Abdul Ghani Business Center, 26 Airport Road, Office No. 402 & 403, 4th floor, PO Box 913, Doha, Qatar

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