

Flight Delay Claim Form

American Life Insurance Company

WILMINGTON, DELAWARE, U.S.A., INCORPORATED 1921

GULF OPERATIONS

P.O. Box 371916, Dubai, United Arab Emirates

▶ Please complete all relevant information Completely and Legibly.

Name of Claimant(s)	First	<input type="text"/>	Last Name	<input type="text"/>
Policy Number		<input type="text"/>	Date of Claim	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship to Card Member	<input type="text"/>			
Reason for flight delay	<input type="text"/>			
Airline	<input type="text"/>	Flight No. (If Applicable)	<input type="text"/>	
Expected Time of Departure	<input type="text"/>	Actual Time of Departure	<input type="text"/>	
Place of Departure	<input type="text"/>	Expected Time of Arrival	<input type="text"/>	
Time of Arrival	<input type="text"/>	Place of Arrival	<input type="text"/>	
Type of Expenses incurred	<input type="text"/>			
and for whom*	<input type="text"/>			

(* Please state the name and address.)

"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	<input type="text" value="X"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Need Help?

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CALL US	800 - MetLife (800 - 6385433)	+965 2 247 4277	800 70708	800 08033	800 9711	+971 4 415 4555
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E-MAIL US	CustomerServices.Gulf@metlife.ae					