

Claims Handling Procedure / Individual Claims

GENERAL GUIDELINES

- The applicant should intimate the insurance company about the loss as soon as possible. Intimation could be sent to gulflifeclaims@metlife.com, or by courier, or in person, or by phone.
- Claims department shall inform the applicant about the needed documents and shall provide the applicant with the necessary claim forms.
- The requested documents should be submitted to MetLife within 30 days and all questions on the claim forms should be answered correctly and by the appropriate persons.
- All documents should be submitted in English or Arabic. Documents in other languages (due to claims incurred overseas) must be translated by an official public translator prior to submission.
- Documents should be submitted by courier or personal as original documents are required.
- The original proofs can be returned after review.

Once claim documents received.

- The applicant should receive immediate acknowledgement.
- Claims adjudicator review the documents and advise back with claim decision in 10 days.
- If the claim is well documented, the case will be referred to the authorized manager for approval. Official approval letter will be sent to applicant explaining the approved amount. Payment will be processed to the beneficiary via wire bank transfer.

Claims Documents

The following are the needed documents for all types of claims.

Death Claims

1. Each and every major beneficiary should complete and sign a separate Claimant's Statement.
2. In case legal heirs of insured are the beneficiaries, succession certificate is needed and guardianship certificate if minor is among the legal heirs.
3. The attached Physician's Statement should be completed, signed and stamped by the Physician who last attended the deceased or detailed medical report.
4. Death certificate.
5. Policy document.
6. Police and Forensic reports in case death was due to accident.
7. Copies of passports of deceased and beneficiary or ID card.
8. Complete address and telephone number of beneficiary.

Permanent Total Disability (PTD)

1. A Claimant's Statement to be completed and duly signed by Insured.
2. A Physician's Statement to be completed and duly signed by Treating Physician.
3. All relevant X-Rays / CT scans / MRIs / Lab tests and reports.
4. Detailed medical report indicating nature and date of onset of ailment / accident as well as degree of disability.
5. Letter from Employer stating status of Employment.
6. Police Report (in case of accident).
7. Medical committee's report indicating degree of disability, if any.
8. Copy of passport / ID.

Permanent Partial Disability (PPD)

1. Claimant's Statement completed and signed by the insured.
2. Physician's Statement completed and signed by Treating Physician.
3. Detailed medical report from Treating Physician indicating nature and date of onset of ailment / accident as well as degree of disability.
4. X-Rays / Ct scans/MRIs /Lab tests results.
5. Police report if available.
6. Copy of passport / ID.

Critical Care Coverage:

1. Related claim form to be completed and signed by insured and Treating Physician.
2. Detailed Medical Report indicating nature of ailment, stage of condition and date of onset of ailment as well as history of risk factors.
3. Proof of incident, i.e., Pathology reports/ Lab tests / X-Rays / MRIs, CT scans
4. Other documents may be requested depending on the case.
5. Copy of passport / ID.

Surgical Expenses and AMR Medical Expenses Coverage:

1. Claim form to be completed and signed by insured and Treating Physician.
2. Original bills and receipts.
3. Medical report indicating nature as well as date of onset of ailment / Accident.
4. All relevant Imaging studies along with lab tests results.
5. Police report, if available.
6. Copy of passport/ID.

Hospital Income Coverage:

1. Claim form to be completed and signed by insured and Treating Physician.
2. Hospital discharge summary stating date of admission and date of discharge.
3. Medical report indicating nature as well as date of onset of ailment / Accident.
4. Copy of passport / ID.

Accidental Weekly Indemnity WI, TTD:

1. Final Proof of Loss forms to be completed and signed by applicant and Treating Physician.
2. Employer's Statement to be completed signed and stamped by Employer.
3. All Imaging Studies.
4. Police report (if any).
5. Detailed medical report indicating nature of ailment, date of onset, cause of ailment and sick leave granted.
6. Copy of passport of insured / ID.