





MetLife Europe d.a.c. (Cyprus Branch) 38 Kennedy Avenue 1087 Nicosia P.O.Box 21383 1507 Nicosia, Cyprus

T. +357 22845845 F. +357 22845606 contact@metlife.com www.metlife.com.cy

NOTIFICATION OF CLAIM

POLICY NUMBER:	DATE OF BIRTH:						
NAME OF INSURED	ID NUMBER:						
NAME OF DEPENDANT:	DATE OF BIRTH						
1. HOME ADDRESS:	TEL						
2. EMPLOYER, WORK ADDRESS:	TEL.						
3. OCCUPATION:							
4. EXACT DUTIES PERFORMED:							
5a DATE OF ACCIDENT:	TIME OF ACCIDENT:						
5b DATE ILLNESS NCURRED:							
6. WHEN AND HOW DID THE ACCIDENT OCCUR (DETAILED ACCOUNT):							
7. LOCATION AT TIME OF ACCIDENT (NAME AND ADDRESS)							
8. ATTENDING PHYSICIANS AND DATES OF VISITS:							
9. DESCRIPTION OF INJURY:							
10. DESCRIPTION OF ILLNESS:							
11. EXACT DATE OF COMMENCEMENT OF ABSENCE FROM WORK AS A RESULT OF INJURY OR ILLNESS :							
40 DATES OF HOSPITALIZATION. FROM.	LINITIL.						
12. DATES OF HOSPITALIZATION: FROM:							
13. POSSIBLE DATE FOR RETURNING TO WORK:							
14. PREVIOUS CLAIMS/ REIMBURSEMENTS:							
DECLARED BY: DATE:	SIGNATURE:						
COMPLETED BY: DATE:	SIGNATURE:						
PENDING IN OTHER DEPARTMENT: ☐ YES ☐ NO ☐ UND	□POS						

MetLife Europe d.a.c. is a limited liability company incorporated in the Republic of Ireland. Registration Number 415123 Registered Office: 20 on Hatch, Lower Hatch Street, Dublin 2, Ireland. MetLife Europe d.a.c. is registered in the Republic of Cyprus as an oversea company: Registration Number AE2955. Registered Address: 38 Kennedy Avenue, 1087 Nicosia, Cyprus. E-mail: contact@metlife.com







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AGENCY MANAGER'S COMMENTS								
SIGNATURE :DATE:								
500 U	NITEDNIAL III							
FOR INTERNAL USE ONLY								
THE POLICY'S PAID TO DATE:DATE OF LAST PAYMENT:								
AGENT AND AGENT CODE								
	BENEFITS	RESERVE AMOUNT	<u>BENEFITS</u>	RESERVE AMOUNT	BENEFITS	RESERVE		
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