

CLAIMANT'S STATEMENT/CLAIM NOTIFICATION OF DEATH

2a

MetLife Europe d.a.c. Irská společnost s reg. č. 415123 20 on Hatch, Lower Hatch Street, Dublin 2, Irsko MetLife Europe d.a.c., pobočka pro Českou republiku Purkyňova 2121/3, 110 00 Praha 1, IČ: 03926206 Zapsaná v OR vedeném MS v Praze | sp. zn. A77032 tel. 227 111 000 | info@metlife.cz | www.metlife.cz

Please complete the form by hand (not in black ink) or electronically.

Identification data of the Ins				
Policy number	First name and surname of the Insure	ed		
Date of birth	Residential address		Postal code	
Employer's name and address		Position		
Insurance report				
Date of death	Time of death Place of death			
Cause of death (type of illness, type	e of injury):			
Please describe circumstances of the accident; in case of illness, describe the origin and development of the illness (date of initial symptoms, description of treatment):				
Was the accident investigated by the	ne police? If so, please provide address of the dep	artment and reference number:	yes no	
Name and address of the Insured 's	s general practitioner, telephone contact, e-mail:			
Names and addresses of physician	ns – specialists who provided medical care to the Ir	nsured in connection with the injury or illne	ss (telephone contact e-mail).	
Numes and addresses of physician	5 Specialists with provided interior date to the in	nource in connection with the injury of line.	so (totephone contact, c main).	
Did the Insured conclude a life, acc	sident or travel insurance policy with another insura	ance company?	yes no	
	rrance company, type of insurance and coverage a			
Information about the Bene	ficiary			
First name and surname			Date of birth	
Citizanahin	Talanhana	E mail		
Citizenship	Telephone	E-mail		
Contact address			Relationship to the Insured	

Please complete the following page.



I, the undersigned, file a claim for insurance benefit based on insurance policy mentioned aboraccurate.	ive and hereby declare that all information provided in this form is complete ar
	Claimant's signature (Signature of the legal guardian in case of a minor child)
Signed in Date 20	
Supplemental information	
The Identification of the person entitled to insurance benefit (the beneficiary	y)/legal guardian in case of the person under 18
The identification is conducted upon the request of MetLife Europe Limited, pobočka pro Česko reaches CZK 20,000 or exceeds this limit. The identification allows MetLife to fulfil the obligation of the incomes from criminal activities and combatting the financing of terrorism. The identifica intermediary, municipal authority, notary public or regional authority entitled to conduct identification requested on this form. The public authorities may chadifferent from official Czech language.	ns under the Act No. 253/2008 Coll., on certain measures against the legalisation may be conducted by an authorized employee of MetLife, by an insurancication. We encourage you to ask the employee of MetLife or an insurance
The intermediary, authorized employee, employee of the municipal authority or notary confirms entitled to insurance benefit according to the ID of this person and that the photography of this	person matches actual appearance of this person. The identity confirmed according to ID /passport
Name and surname of the identified person Birth certificate number	(strike through the invalid) no
Issued by	Date of issue Valid until
In case of identification conducted by an insurance intermediary fill in also the following data:	
Name and Surname of the intermediary in capitals	ID of the intermediary
In case of identification conducted by a notary, regional or municipal authority, fill in the designation	ation of the authority
	Signature of the person who conducted the identification. Official stammark and evidence number of this identification in the record keeping boo if the identification was conducted by the public authority.
Signed in Date 2 0	

Instructions for the Claimant

Statement

Please answer in full all questions in this form (2a).

Please submit the second form (2b) to the Insured's attending physician for completion.

Please attach to the completed form:

- copy of the hospital report (from hospitalization)
 copy of the police report related to the accident investigation
 copies of the Beneficiary's birth certificate and Identity card
- notarised copy of the death certificate
 original of the insurance policy

Please send completed form and documents mentioned above to the address: MetLife Europe Limited, pobočka pro Českou republiku Purkyňova 2121/3, 110 00 Praha 1.