

# CLAIMANT'S STATEMENT/CLAIM NOTIFICATION OF DEATH

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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 Insured

Policy number	First name and surname of the Insured	
<input type="text"/>	<input type="text"/>	
Date of birth	Residential address	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer's name and address	Position	
<input type="text"/>	<input type="text"/>	

## Insurance report

Date of death	Time of death	Place of death
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cause of death (type of illness, type of injury):		
<input type="text"/>		

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 police? If so, please provide address of the department and reference number:

yes  no

Name and address of the Insured's general practitioner, telephone contact, e-mail:

Names and addresses of physicians – specialists who provided medical care to the Insured in connection with the injury or illness (telephone contact, e-mail):

Did the Insured conclude a life, accident or travel insurance policy with another insurance company?

yes  no

If so, please state name of the insurance company, type of insurance and coverage amount:

## Information about the Beneficiary

First name and surname	Date of birth	
<input type="text"/>	<input type="text"/>	
Citizenship	Telephone	E-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact address	Relationship to the Insured	
<input type="text"/>	<input type="text"/>	

Please complete the following page.



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