



**Claimant's Statement - Credit Life (Death/Disability)**

**Proof of loss**

Insured's Full Name: .....	Policy Number: .....
Age / Date of Birth: .....	Occupation: .....
Date of Incident: .....	Work Contact/ Mobile Number: .....
Place of Incident: .....	Work Address: .....
Cause of Incident: .....	Claimed Amount: .....

→ Incident circumstances: .....

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**Disclaimers & Clarifications**

I, ..... the undersigned, hereby agree with the following:

**Data Clarification:**

I hereby clarify that the foregoing information are true and correct to the best of any knowledge and agree that the written statements and affidavits of the insured shall constitute and they are hereby made a part of the proof at claim Death/Disability.

**Privacy & Cross Border:**

I hereby provides Metlife, Life insurance Company "the Company", its officers, employees and representatives (the "Company Representatives"), his/her unambiguous consent to collect, process, share, store, use, disclose and transfer the foregoing data directly or indirectly to a recipient inside or outside Egypt for the purpose of full Filling any obligation imposed on the Company inside or outside Egypt, where such collection, processing, snaring, storing, usage, disclosure and transfer, is necessary for the performance of the contract of insurance and/or for the purpose of compliance with any legal or contractual obligation to which the Company or any of Its subsidiaries or affiliates is subject to inside or outside Egypt. I also authorizes the Company to obtain from and share with any source inside or outside Egypt as it deems appropriate, information concerning the insured or any member of his/her fa rnily, financla l and /or professional and / or personal status for the purpose of applying the provisions of the insurance policy and collection of premium related to his/her insurance policy or policies and/or for the purpose of complying with its legal or contractual obligations in Egypt or outside Egypt.

**International and Local Sanction and Exclusion Clause:**

understand that Coverage and/or Payment under the insurance contract will NOT be made if: (i) insured, or person, entitled to receive such payment, is residing in a sanctioned country; or (ii) the insured or person entitled to receive such payment is listed on the Office of Foreign Assets Control (OFAC) Specially Designed Nationals (SDN) list, the OFAC Sectorial. Sanctions Identifications list or any international or local sanctions list including any list provided from local regulators ; or (iii) the payment is claimed for services received in any sanctioned country. I also understand that the Company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or Benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or any other applicable laws.

Name: ..... Signed: ..... Date: .....