

Metropolitan House | 81 Tabon Link North Ridge Crescent | Near DHL Ghana PMB CT 456 | Cantonments | Accra | Ghana www.metropolitangh.com | +233 (0) 30 263 3933

## **DEATHCLAIM APPLICATION FORM**

BRANCH:
POLICY NO.: POLICY TYPE:
DETAILS OF DECEASED:
Name of Deceased:
Place of Death (Physical Address):
Date of Death: DDMMYYYY Date of Birth: DDMMYYYY
Was deceased deposited at the morgue: Yes No Mortuary Name & Contact:
Employment Details: Name of Employer:
Tel No(s): Occupation:
PLEASE TICK DOCUMENTS ENCLOSED:
Police Extract incase of death at home: ID of claimant & deceased: Medical certificate of cause of death:
Police Report incase of accident: Death Certificate: Proof of relationship to deceased: Burial Permit:
Other: Specify:
DETAILS OF CLAIMANT:
Name of Claimant:
Address: Contact:
Name of Employer:
Address/ Phone No.:
Staff Number: Relationship to Deceased:
Next of Kin/ Spouse: Contact:
PAYMENT DETAILS:
I agree that the payment of the amount due to my <b>personal account</b> or via <b>mobile money</b> below will be the complete discharge of Metropolitan Life Insurance Ghana Ltd. liability in terms of the above mentioned claim. Payable to policy owner/ legal claimant(s): I agree to bear the withdrawal cost of mobile money transaction
Name of Bank/ Network:
Bank Branch: Acc./ Mobile No.:
DECLARATION BY CLAIMANT:
I declare that:  I. The estate of the deceased is solvent and has not been sequested.  2. To the best of my knowledge and belief the policy has not been ceded or pledged by antenuptial contract or otherwise.  3. Payment made by Metropolitan Life Insurance Ghana of the proceeds of the claim will discharge Metropolitan Life Insurance Ghana from further liability in respect of the benefits claimed.  4. The foregoing information in this application is true and correct and the payment of the above mentioned claim indicates the receipt of the amount due me.
Signature:  Date: D D M M Y Y Y Y
TO BE COMPLETED BY RECEIVING BRANCH/ LINK OFFICER ONLY:
Attending Officer: Signature:
Original documents submitted verified by Attending Officer:
Policy Document Received: YES NO
FOR HEAD OFFICE USE ONLY:
Signature Verified by:  Date: D D M M Y Y Y Y
Approved Amount GHS:
Authorised/Approved by: