

CLAIM REQUIREMENTS

CLAIM

Upon receipt of incident Intimation, the Insurance Company will provide necessary claim forms_<[Claim Form Death](#)> <[Click Link](#)>, <[Claim Form CI, Disability](#)> <[Click Link](#)>, <[Physician Statement CI, Disability](#)> <[Click Link](#)>, and a List of supporting documents required to process the Claim.

TERM LIFE DEATH CLAIM:

MetLife requires the following documents in order to process a death claim. All claim documents should be submitted either in English or Nepali. Documents in other languages must be translated by an official public translator prior to submission.

- i. Claimant's statement completed by each designated beneficiary and witnessed by any one person among Notary public/ Gazetted officer/ Rural Municipality chairman or secretary/ ward chairman or secretary of Municipality/ principal of secondary school/ Bank Manager. Necessary form will be provided by MetLife upon claim notification.
- ii. Letter from the Bank certifying the name, DOB or age, account opening date of the insured provided to the Insurance Company including the system generated account certificate of the accountholder where the unique ID number can be seen. In addition to above documents, health declaration completed at the time of account opening is required for the claim from new accountholder insured.
- iii. Copy of death certificate issued by local registrar office attested by Notary Public or Original copy.
- iv. Copy of the deceased's passport, or citizenship certificate or official ID attested by notary public or Original Copy.
- v. Copy of each of the beneficiary (ies) citizenship certificate or passport attested by notary public or Original Copy.
- vi. Copy of Relationship certificate clearly showing relationship among the deceased & the beneficiary (ies) attested by notary public or Original Copy.
- vii. Police Report required ONLY in case of accident or unclear circumstances of death.
- viii. Coroner's Report/ Autopsy required ONLY in case of accident or unclear circumstances of death.
- ix. Newspaper clipping advising of employee's death, if available.
- x. Any other documents that MetLife finds necessary to process the claim based on its peculiarities.
- xi. The aforementioned documents mentioned in point (iii), (iv), (v) and (vi) may be accepted if the documents have been seen and verified by the Authorized personnel of the bank.

CRITICAL ILLNESS CLAIM:

MetLife requires the following documents in order to process a group critical illness claim. All claim documents should be submitted either in English or Nepali. Documents in other languages must be translated by an official public translator prior to submission.

- i. Claim notification from insured or any other person on insured's behalf with insured's identification, date of onset of illness, date of diagnosis, current condition and group policy number.

- ii. All investigation and treatment related medical reports with diagnostic evidence of the disease. Such documents need to be checked and verified by the authorized person of the bank before sending it to the Insurance Company.
- iii. Letter from the Bank certifying the name, DOB or age, account opening date of the insured provided to the Insurance Company including the system generated account certificate of the accountholder where the unique ID number can be seen. In addition to above documents, health declaration completed at the time of account opening is required for the claim from new accountholder insured.
- iv. Claimant's Statement completed by the insured. Necessary form will be provided by MetLife upon claim notification.
- v. Physician's Statement completed by the attending Physician. Necessary form will be provided by MetLife upon claim notification.
- vi. Any other documents that MetLife finds necessary to process the claim based on its relevance.

Submission of Claim Proofs and Supporting Documents

Proofs and supporting documents must be submitted to Insurance Company.

Acceptance of Liability and Rejection of Claim

Upon receipt and examination of the proofs, the Insurance Company has the right to accept or reject the respective claim for benefit, according to the terms, condition and definition of the policy.

Payment of Benefit Amount

After the calculation of the benefit amount and acceptance of the claim, the Insurance Company will issue a Release Voucher to notify the Final Approval of the Claim. Upon receipt of the duly completed Release Voucher from claimant, a Pay Order / Cheque will be issued to beneficiary.

Claim Settlement Turn Around Time (TAT) in normal course, except exceptions will be 10 - 15 working days for the valid claims from the date of complete claim documents receipt from the claimant.