



CREDIT LIFE DEATH / DISABILITY CLAIM FORM (LOAN)

American Life Insurance Company

MetLife Building, 18-20 Motijheel C.A. P. O. Box 9, Dhaka-1000, Bangladesh.

POLICY NO.: BGL -

NAME OF INSURED (Primary Loan Borrower) LOAN A/C NUMBER

BENEFICIARY'S STATEMENT

- 1. Date of Birth of Insured (DDMMYY)
2. Place of Birth
3. Occupation at time of Death/Disability
4. Date last worked full time (if applicable)
5. What is your relationship to the insured?
6. Family Contact Person
7. Address
Contact Number

PHYSICIAN'S STATEMENT (Must be filled by the Physician's own handwriting)

- 6. Date of Death/ Disability (DDMMYY)
7. Place of Death/ Disability
8. Interval between onset of illness/injury and Death/ Disability
9 a. Disease or condition directly leading to Death/Disability:
9 b. If Death/ Disability was due to accident, suicide or homicide, specify which and describe briefly:
10. Did the deceased/ disabled person receive treatment from YOU or to best of your knowledge, from any other physician, or in any Hospital or institution during the last 5 years?

Name, Address, Signature and Seal of Attending Physician

Name: Address: Signature & Seal

AUTHORIZATION

I hereby certify that the foregoing statements are full and true to the best of my knowledge and hereby authorize, on behalf of the Borrower, all physicians, hospitals, clinics, pharmacists, laboratories, employers and any institution or any other person who has any record or information about the deceased/disabled Borrower to provide American Life Insurance Company (MetLife) any and all information with respect to medical history, consultation, prescription or treatments and copies of all hospital or medical records. Any copy of this authorization shall be taken as the original copy.

Policy holder Beneficiary Authorized Signature Date
Witness Signature Date

POLICYHOLDER'S STATEMENT

Notice is hereby given of the Death/Disability of (Name) of (Address) a Borrower of this Bank with Loan Account Number since who was enrolled into the Group Insurance Scheme on. We hereby warrant that such insurance was in force at the Date of Death/Disability and that the said Borrower was in our list of Insured Borrower dated for BDT (Face Value of the Loan for which Premium was Paid) and also certify that the Outstanding Balance, as per Policy Terms, is BDT.

Date 20 Authorized Signature and Official Seal