

# TAG LIFE CLAIM APPLICATION FORM

METROPOLITAN  
Life Insurance Ghana LTD



Metropolitan House, 81 Tabon Link, North Ridge Crescent, North Ridge near DHL Ghana,  
PMB CT 456, Cantonments, Accra, Ghana. **Digital H/O Location Address:** GA-015-0121,  
**W:** www.metropolitan.com.gh, **T:** +233 30 263 3933

## 1 Death Claim (Subscriber or Family Member Insured)

Beneficiary/Claimant's First Name:

Beneficiary/Claimant's Last Name:

Date of Birth:         Relationship to the Deceased:

National ID Type:  ID Number:

Mobile Number:  Town:

Region:  I make claim on Policy Number:

## 2 Subscriber/Beneficiary Declaration & Signature

I declare and affirm to the entire rules and regulations set out under the scheme for discharge of the funds liability or claim to me as agreed.

Subscriber/Beneficiary Signature:

Date:

Submit Claims: Online:  WhatsApp:

### IMPORTANT

For Death claim, please include the following documents: Letter of Administration or Attestation, Claimant's ID copy, Deceased ID copy, and either Report of cause of death, Burial permit, Mortuary receipt, Obituary; and Police report in case of Accidental death.

Together we can

