

TUNE PROTECT BAGGAGE ASSURANCE BY HALA



**Baggage Assurance
by Hala**

IMPORTANT NOTICE: To enable us to process your claim quickly, please complete this form accurately along with the original documentation requested at your own expense. If the information/documents supplied are insufficient, we will advise you accordingly.. Please send this claim form and all supporting documentations to our servicing agent: **Tune Protect Commercial Brokerage LLC, Blue Bay Tower, Office No. 807, 8th Floor, Business Bay, Dubai. P.O. Box: 124177**

Please answer all questions and where appropriate. Leaving a question blank may result in delay in processing your claim.

Voucher Number:

Insured Person's Name:

ID No: Passport No:

Contact No: (Office)..... (House)..... (Mobile).....

Claimant's Name (as per ID / Passport):

ID No: Passport No:

Contact No: (Office)..... (House)..... (Mobile).....

Address: Postcode:

Email Address:

CLAIMANT'S BANK DETAILS (FOR UAE ACCOUNT ONLY)

Account Name: **(Note: Payment can only be made to Policyholder)**

Bank Account No: Bank Name and Location:

SWIFT Code / Bank Identification Code (BIC):IBAN No:

Please fill in the flight information. Leaving this section blank may result in delay in processing your claims.

Airline: Flight No: Passenger Name Record (PNR) No / Booking No:

First Departure Country:

Scheduled First Departure Date (dd/mm/yyyy):

Scheduled Return Date (dd/mm/yyyy):

I am filing a claim in respect of: - (Please the relevant boxes and fill in the blanks)

SECTION 1: TYPE OF CLAIM

1. BAGGAGE BENEFITS

(a) Loss of Checked-In Baggage and Personal Effects

Please complete **Section 2** on Description of items

SECTION 2: DESCRIPTION OF ITEMS AND AMOUNTS CLAIMED

Details of amount claimed (please enclose original purchase receipts or other proof of purchase)

Item	Description /Model Type	When And Where Purchased	Original Cost Price	Amount Claimed

Notice: If you have more than one (1) item, please attach in a separate sheet

Total Amount:

DECLARATION

I declare that the particulars stated above are true and correct and I understand that if I have made any false or fraudulent statement or suppressed, concealed or falsely stated any material fact concerning this claim, my claim may be declined.

.....
Name

.....
Signature

Date: / /

SECTION 3: CHECKLIST ON THE REQUIRED SUPPORTING DOCUMENTS BY TYPE OF CLAIM

The following checklist will help you assemble the documents required to support your claim

Please note: i) **Dependent upon the circumstances, we may require other evidence to support your claim; in which case we will contact you.**
ii) **Failure to provide the supporting documents may result in delay of processing your claim.**
iii) **Please provide translation if the supporting document is not in English, at your own expense.**

COMPULSORY FOR ALL TYPES OF CLAIM

Duly completed Claim Form

Original Flight Itinerary

Insurance Voucher

LOSS OF CHECKED-IN BAGGAGE AND PERSONAL EFFECTS

- Boarding pass as proof of departure or return
- Property Irregularity Report from respective airline travelled
- Airline authority's confirmation letter stating the compensation amount
- Photographs of damaged items
- Original repair receipt (damage items) / purchase receipts or warranty card of lost / damaged items



شركة قطر للتأمين
Qatar Insurance Company