

TUNE PROTECT LIFESTYLE ASSURANCE

IMPORTANT NOTICE: To enable us to process your claim as quickly as possible, it is important to complete this form accurately and provide us with the original documentation requested at your own expense. If the information/documents supplied are insufficient, we shall advise you if further information / documents are required. Upon completing this form, please send the claim form and all supporting documentations to our servicing agent: **Tune Protect Commercial Brokerage LLC, Blue Bay Tower, Level 8, No. 807, Business Bay, Dubai, UAE**
P.O. Box: 124177

Please answer all questions and boxes where appropriate. Leaving a question blank may result in delays in settling your claim.

Policy Certificate Number:

Policyholder'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 BAHRAIN 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 would result in delays in settling 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. TUNE PROTECT LIFESTYLE ASSURANCE - SHOPCARE

- | | | | |
|---|--------------------------|--|--------------------------|
| (a) Loss of cash and personal valuables due to theft or robbery | <input type="checkbox"/> | (b) Monetary loss suffered from credit card fraud | <input type="checkbox"/> |
| (c) Loss of cash withdrawn by means of force | <input type="checkbox"/> | (d) Medical expenses reimbursement
(Injury due to snatch theft, robbery or assault) | <input type="checkbox"/> |

2. TUNE PROTECT LIFESTYLE ASSURANCE - GOLFCARE

- | | | | |
|---|--------------------------|---|--------------------------|
| (a) Medical expenses reimbursement
(Injury due to accident during golfing) | <input type="checkbox"/> | (b) Loss or damage to golf equipment / Personal Effects | <input type="checkbox"/> |
| (c) Golfing Equipment Hire | <input type="checkbox"/> | (d) Liabilities to the Public (during Golfing) | <input type="checkbox"/> |

3. TUNE PROTECT LIFESTYLE ASSURANCE - WINTERCARE			
(a) Medical expenses reimbursement (Injury due to accident) <input type="checkbox"/>	(b) Piste Closure <input type="checkbox"/>		
(c) Loss, theft or damage to ski equipment (own) <input type="checkbox"/>	(d) Loss, theft or damage to ski equipment (hired) <input type="checkbox"/>		
(e) Reimbursement of ski school fees, lift passes and hired ski equipment <input type="checkbox"/>			
4. TUNE PROTECT LIFESTYLE ASSURANCE - ADVENTURECARE			
(a) Medical expenses reimbursement (Injury due to accident) <input type="checkbox"/>	(b) Loss, theft or damage to equipment (own) <input type="checkbox"/>		
(c) Loss, theft or damage to equipment (hired) <input type="checkbox"/>	(d) Liabilities to the Public (during adventure) <input type="checkbox"/>		

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 items, please attach separate sheet			Total Amount:	
DECLARATION				
<p>I declare that the particulars stated above are true and correct and I understand that if I have in this or any further declaration in respect of this claim, make any false or fraudulent statement or suppress, conceal or falsely state any material fact whatsoever my claim may be declined.</p>				
<p>..... Name</p>			<p>..... Signature</p>	
<p>Date: / /</p>				

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 a delay of 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
 Certificate of Insurance

SECTION 3: (CONTINUED)

<p>TUNE PROTECT LIFESTYLE ASSURANCE - SHOPCARE</p> <p>Loss of cash and personal valuables due to theft or robbery</p> <p><input type="checkbox"/> Police Report obtained at the place of loss & official translation of the report</p> <p><input type="checkbox"/> Currency exchange slip</p> <p><input type="checkbox"/> Purchase receipt / Invoice of the missing valuables</p> <p>Monetary loss suffered from credit card fraud</p> <p><input type="checkbox"/> Dispute Form from the Credit Card company</p> <p><input type="checkbox"/> Credit Card Statement</p> <p><input type="checkbox"/> Police Report</p> <p>Loss of cash withdrawn by means of force</p> <p><input type="checkbox"/> Dispute Form from the Bank</p> <p><input type="checkbox"/> Bank Statement</p> <p><input type="checkbox"/> Police Report</p> <p><input type="checkbox"/> ATM withdrawal slip</p> <p>Medical expenses reimbursement</p> <p><input type="checkbox"/> Original medical bills</p> <p><input type="checkbox"/> Medical Report from the attending doctor</p> <p><input type="checkbox"/> Police Report</p>	<p>TUNE PROTECT LIFESTYLE ASSURANCE - WINTERCARE</p> <p>Medical expenses reimbursement</p> <p><input type="checkbox"/> Original medical bills</p> <p><input type="checkbox"/> Medical Report from the attending doctor</p> <p><input type="checkbox"/> Police Report</p> <p>Piste Closure</p> <p><input type="checkbox"/> Receipt /bill incurred from the transport company</p> <p><input type="checkbox"/> Written confirmation from the resort/hotel on the closure</p> <p>Loss, theft or damage to ski equipment (own/hired)</p> <p><input type="checkbox"/> Purchase receipt of the damage/loss item</p> <p><input type="checkbox"/> Police Report</p> <p><input type="checkbox"/> List of items claimed</p> <p><input type="checkbox"/> Photographs of the damaged items</p> <p><input type="checkbox"/> Copy of rental slip / receipt (for hired equipment)</p> <p>Reimbursement of ski school fees, lift passes and hired ski equipment</p> <p><input type="checkbox"/> Bill/receipt paid for the ski school fees</p> <p><input type="checkbox"/> Medical Report from the attending doctor</p> <p><input type="checkbox"/> Copy of rental slip / receipt (for hired equipment)</p>
<p>TUNE PROTECT LIFESTYLE ASSURANCE - GOLFCARE</p> <p>Medical expenses reimbursement</p> <p><input type="checkbox"/> Original medical bills</p> <p><input type="checkbox"/> Medical Report from the attending doctor</p> <p><input type="checkbox"/> Incident report issued by the Golf Course official/authority</p> <p>Loss or damage to golf equipment / Personal Effects</p> <p><input type="checkbox"/> Purchase receipt of the damage/loss item</p> <p><input type="checkbox"/> Internal Incident report issued by the Golf Course official / Authority or Police report</p> <p><input type="checkbox"/> List of item claimed</p> <p><input type="checkbox"/> Photographs of the damaged items</p> <p>Golfing Equipment Hire</p> <p><input type="checkbox"/> Copy of rental slip / Receipt</p> <p><input type="checkbox"/> Incident report</p> <p>Liabilities to the Public (during Golfing)</p> <p><input type="checkbox"/> Demand letter from third party</p> <p><input type="checkbox"/> Eye witness report / statement</p> <p><input type="checkbox"/> Photographs (if any)</p> <p><input type="checkbox"/> Police report or Internal Incident report issued by the Golf Course official / Authority</p>	<p>TUNE PROTECT LIFESTYLE ASSURANCE - ADVENTURECARE</p> <p>Medical expenses reimbursement</p> <p><input type="checkbox"/> Original medical bills</p> <p><input type="checkbox"/> Medical Report from the attending doctor</p> <p>Loss, theft or damage to equipment (own/hired)</p> <p><input type="checkbox"/> Purchase receipt of the damage/loss item</p> <p><input type="checkbox"/> Police Report</p> <p><input type="checkbox"/> List of items claimed</p> <p><input type="checkbox"/> Photographs of the damaged items</p> <p><input type="checkbox"/> Copy of rental slip / receipt (for hired equipment)</p> <p>Liabilities to the Public (during Adventure)</p> <p><input type="checkbox"/> Demand letter from third party</p> <p><input type="checkbox"/> Eye witness report / statement</p> <p><input type="checkbox"/> Photographs (if any)</p> <p><input type="checkbox"/> Police report</p> <p>Note: Please do not admit liability or negotiate with the third party without written consent from the Insurer.</p>