



**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| (c) Loss of cash withdrawn by means of force                    | 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<br>(Injury due to snatch theft, robbery or assault) | <input type="checkbox"/> |

**2. TUNE PROTECT LIFESTYLE ASSURANCE - GOLFCARE**

- |   |                          |                            |                          |
|---|--------------------------|----------------------------|--------------------------|
| (a) Loss or damage to golf equipment/<br>Personal Effects | <input type="checkbox"/> | (b) Golfing Equipment Hire | <input type="checkbox"/> |
| (c) Liabilities to the Public (during Golfing)            | <input type="checkbox"/> | (d) Hole in one            | <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) Accidental Death & Permanent Disablement	<input type="checkbox"/>	(b) Accidental and Sickness Medical Reimbursement	<input type="checkbox"/>
(c) Follow-up Treatment in Home Territory	<input type="checkbox"/>	(d) Compensation for Inconvenience Expenses	<input type="checkbox"/>
(e) Emergency Medical Evacuation	<input type="checkbox"/>	(f) Repatriation of Mortal Remains	<input type="checkbox"/>
(g) Loss, theft or damage to equipment (own)	<input type="checkbox"/>	(h) Loss, theft or damage to equipment (hired)	<input type="checkbox"/>
(i) Personal Liability	<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			<b>Total Amount:</b>	
DECLARATION				
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.				
..... 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 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**  **Copy of Passport**

**SECTION 3: (CONTINUED)**

**TUNE PROTECT LIFESTYLE ASSURANCE - SHOPCARE**

**Loss of cash and personal valuables due to theft or robbery**

- Police Report obtained at the place of loss & official translation of the report
- Currency exchange slip
- Purchase receipt / Invoice of the missing valuables

**Monetary loss suffered from credit card fraud**

- Dispute Form from the Credit Card company
- Credit Card Statement
- Police Report

**Loss of cash withdrawn by means of force**

- Dispute Form from the Bank
- Bank Statement
- Police Report
- ATM withdrawal slip

**Medical expenses reimbursement**

- Original medical bills
- Medical Report from the attending doctor
- Police Report

**TUNE PROTECT LIFESTYLE ASSURANCE - WINTERCARE**

**Medical expenses reimbursement**

- Original medical bills
- Medical Report from the attending doctor
- Police Report

**Piste Closure**

- Receipt /bill incurred from the transport company
- Written confirmation from the resort/hotel on the closure

**Loss, theft or damage to ski equipment (own/hired)**

- Purchase receipt of the damage/loss item
- Police Report
- List of items claimed
- Photographs of the damaged items
- Copy of rental slip / receipt (for hired equipment)

**Reimbursement of ski school fees, lift passes and hired ski equipment**

- Bill/receipt paid for the ski school fees
- Medical Report from the attending doctor
- Copy of rental slip / receipt (for hired equipment)

**TUNE PROTECT LIFESTYLE ASSURANCE - GOLFCARE**

**Loss or damage to golf equipment / Personal Effects**

- Purchase receipt of the damage/loss item
- Internal Incident report issued by the Golf Course official / Authority or Police report
- List of item claimed
- Photographs of the damaged items

**Golfing Equipment Hire**

- Copy of rental slip / Receipt
- Incident report

**Liabilities to the Public (during Golfing)**

- Demand letter from third party
- Eye witness report / statement
- Photographs (if any)
- Police report or Internal Incident report issued by the Golf Course official / Authority

**Hole in one**

- Written confirmation letter from the Golf Club on the "hole in one" was achievement.
- The receipts for the cost of celebratory drinks.

**TUNE PROTECT LIFESTYLE ASSURANCE - ADVENTURECARE**

**Accidental Death and Permanent Disablement**

- Original medical report /Bills
- Original medical Specialist report where required
- Photograph of injury
- Original or certified true copy of police report of the accident.
- Original copy of Death Certificate, burial permit and post mortem report where applicable

**Accidental and sickness Medical reimbursement & Follow up treatment**

- Original medical bills
- Medical Report from the attending doctor

**Compensation for Inconvenience Benefit**

- List of item claimed
- Original receipts for the inconvenience expenses such as communication and transportation.

**Emergency Medical Evacuation/ Repatriation of Mortal Remains**

- Original bill and receipts by ambulance operator/hospital.
- Original medical report from the treating doctor

**This section is Not Applicable If Asia Medical Assistance Pvt. Ltd (AMA) had provided the services in regard to Medical Evacuation or Repatriation. Original bill and receipts by ambulance operator/hospital.**

**Loss, theft or damage to equipment (own/hired)**

- Purchase receipt of the damage/loss item
- Police Report
- List of items claimed
- Photographs of the damaged items
- Copy of rental slip / receipt (for hired equipment)

**Personal liability (during Adventure)**

- Demand letter from third party
- Eye witness report / statement
- Photographs (if any)
- Police report

**Note: Please do not admit liability or negotiate with the third party without written consent from the Insurer.**