



TUNE PROTECT TRAVEL ASSURANCE BEFORE, DURING & AFTER

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 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. PERSONAL ACCIDENT BENEFITS

Accidental Death Total Permanent Disablement

Date of Accident (dd/mm/yyyy): Time: am pm

Description of incident/Injury:

Nature of Injury:

Are there any other insurance policies covering you for this incident? YES NO

If "Yes", please specify name of insurer, policy number and amount recoverable.

Insurer: Policy No.: Amount:



2. MEDICAL BENEFITS	
(a) Accidental & Sickness Medical Reimbursement <input type="checkbox"/>	(b) Follow up Treatment in Home Country <input type="checkbox"/>
(c) Compassionate Visit <input type="checkbox"/>	
3. EVACUATION & REPATRIATION BENEFITS	
(a) Emergency Medical Evacuation <input type="checkbox"/>	(b) Repatriation of Mortal Remains <input type="checkbox"/>
4. TRAVEL INCONVENIENCE BENEFITS	
(a) Loss of Travel Documents <input type="checkbox"/>	(b) Loss of Personal Money <input type="checkbox"/>
(c) Travel Delay <input type="checkbox"/>	(d) Travel Cancellation / Curtailment <input type="checkbox"/>
(e) Visa Refusal <input type="checkbox"/>	
<p>(i) For Travel Cancellation or Curtailment, please state reason:</p> <p>.....</p> <p>.....</p> <p>(ii) For Visa Refusal</p> <ul style="list-style-type: none"> • Visa Application date:..... • Visa Reject date :..... 	
5. BAGGAGE BENEFITS	
(a) Baggage Delay <input type="checkbox"/>	(b) Baggage Damage by Common Carrier <input type="checkbox"/> <i>Please complete Section 2 on Description of Items</i>
(c) Loss of Baggage and Personal Effects <input type="checkbox"/> <i>Please complete Section 2 on Description of Items</i>	
Baggage Collection Date:Place:Time..... am/pm	
6. OTHER TRAVEL RELATED BENEFITS	
(a) Personal Liability <input type="checkbox"/>	(b) Home Away Protection <input type="checkbox"/> <i>Please complete Section 2 on Description of Items</i>
(c) Mugging <input type="checkbox"/>	
Description of incident:	
.....	
Date of incident:	Name of eye witness:
Law suit filed?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact No:
Please forward a copy of the suit, police report and eye witness report.	



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
Amount:

Total

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 A copy of Passport

PERSONAL ACCIDENT BENEFITS (Death and TPD)

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

1. ACCIDENTAL AND SICKNESS MEDICAL REIMBURSEMENT 2. FOLLOW UP TREATMENT IN HOME COUNTRY

- Original medical bills / Invoices
- Original receipts issued by the clinic/hospital
- Original medical report from the attending doctor

COMPASSIONATE VISIT DUE TO HOSPITALIZATION / DEATH OF INSURED PERSON

- Recommendation Letter from the attending doctor to confirm that the Insured should be accompanied by another person during his/her admission in hospital.
- Receipt of expenses incurred i.e. hotel accommodation.
- Boarding pass of the person accompanying the Insured.

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.

LOSS OF TRAVEL DOCUMENTS / PERSONAL MONEY

- Boarding pass as proof of departure or return
- Copy of the report filed with the Airlines / Airport or Police at place of loss within 24 hours
- Original receipts and proof of payment for all emergency expenses.
- Receipt of expenses paid to get replacement travel documents

TRAVEL DELAY

- Boarding pass as proof of departure or return
- Letter from Airline confirming the length and reasons of delay

TRAVEL CANCELLATION

- Travel agency / airline confirmation on the cost of non-refundable prepaid travelling expenses
- Medical report or Death Certificate of the insured person or the insured person's immediate family member
- Proof of relationship between the insured person / deceased and the immediate family member.

TRAVEL CURTAILMENT

- Medical report or copy of Death Certificate of the insured person or the immediate family member
- Proof of the relationship between insured person and the immediate family member.
- Travel agency / airline confirmation on the cost of non-refundable prepaid travelling expenses
- Proof of hospitalization of the insured person.

VISA REFUSAL

- Letter from Embassy confirming the Visa was rejected/ denied.
- A copy of passport with two (2) blank adjacent pages.

1. BAGGAGE DAMAGE BY COMMON CARRIER

2. LOSS OR DAMAGE TO BAGGAGE AND / OR PERSONAL EFFECTS

- Boarding pass as proof of departure or return
- Property Irregularity Report from airline
- 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

BAGGAGE DELAY

- Boarding pass as proof of departure or return
- Written confirmation of length of delay from airline (Property Irregularity Report).

HOME AWAY PROTECTION

- Boarding pass as proof of departure or return
- Original or Certified True Copy of police report stating the lost items and the incident

PERSONAL LIABILITY

- Demand letter from Third Party claimant
- Eye Witness report / statement
- Correspondences (if any) between insured and Third Party Claimant
- Photographs (if any)
- Original or Certified True Copy of police report where applicable

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

MUGGING

- Original or Certified True Copy of police report detailing the incident.
- Receipt of the particular ATM transaction.