



**Travel Assurance**  
Before, During & After



**JOFICO**

JORDAN FRENCH INSURANCE CO. (P.L.C.)

**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 JORDAN 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. MEDICAL BENEFITS**

(a) Accidental & Sickness Medical Reimbursement

**2. EVACUATION & REPATRIATION BENEFITS**

(a) Emergency Medical Evacuation  (b) Repatriation of Mortal Remains

**3. TRAVEL INCONVENIENCE BENEFITS**

(a) Loss of Travel Documents  (b) Travel Delay/ Delay on Arrival

(c) Travel Cancellation / Curtailment

For Travel Cancellation or Curtailment, please state reason:



<b>4. BAGGAGE BENEFITS</b>	
(a) Baggage Delay <input type="checkbox"/>	(b) Loss of Baggage and Personal Effects <input type="checkbox"/>
<i>Please complete <b>Section 2</b> on Description of Items</i>	
Baggage Collection Date: .....Place: .....Time..... am/pm	

**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
<b>Total</b>				

Notice: If you have more items, please attach separate sheet  
Amount:

**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

<p><b>ACCIDENTAL AND SICKNESS MEDICAL REIMBURSEMENT</b></p> <p><input type="checkbox"/> Original medical bills / Invoices <input type="checkbox"/> Original receipts issued by the clinic/hospital <input type="checkbox"/> Original medical report from the attending doctor</p>	<p><b>EMERGENCY MEDICAL EVACUATION / REPATRIATION OF MORTAL REMAINS</b></p> <p><input type="checkbox"/> Original bill and receipts by ambulance operator/hospital. <input type="checkbox"/> Original medical report from the treating doctor</p> <p><small>This section is Not Applicable If Asia Medical Assistance Pvt. Ltd (AMA) had provided the services in regard to Medical Evacuation or Repatriation.</small></p>
<p><b>LOSS OF TRAVEL DOCUMENTS</b></p> <p><input type="checkbox"/> Boarding pass as proof of departure or return</p>	<p><b>TRAVEL DELAY /DELAY ON ARRIVAL</b></p> <p><input type="checkbox"/> Boarding pass as proof of departure or return <input type="checkbox"/> Letter from Airline confirming the length and reasons of delay</p>



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<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of the report filed with the Airlines / Airport or Police at place of loss within 24 hours</li> <li><input type="checkbox"/> Original receipts and proof of payment for all emergency expenses.</li> <li><input type="checkbox"/> Receipt of expenses paid to get replacement travel documents</li> </ul>	
<p><b>TRAVEL CANCELLATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Travel agency / airline confirmation on the cost of non-refundable prepaid travelling expenses</li> <li><input type="checkbox"/> Medical report or Death Certificate of the insured person or the insured person's immediate family member</li> <li><input type="checkbox"/> Proof of relationship between the insured person / deceased and the immediate family member.</li> </ul>	<p><b>TRAVEL CURTAILMENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical report or copy of Death Certificate of the insured person or the immediate family member</li> <li><input type="checkbox"/> Proof of the relationship between insured person and the immediate family member.</li> <li><input type="checkbox"/> Travel agency / airline confirmation on the cost of non-refundable prepaid travelling expenses</li> <li><input type="checkbox"/> Proof of hospitalization of the insured person.</li> </ul>
<p><b>BAGGAGE DELAY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Boarding pass as proof of departure or return</li> <li><input type="checkbox"/> Written confirmation of length of delay from airline (Property Irregularity Report).</li> </ul>	<p><b>LOSS OR DAMAGE TO BAGGAGE AND / OR PERSONAL EFFECTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Boarding pass as proof of departure or return</li> <li><input type="checkbox"/> Property Irregularity Report from airline</li> <li><input type="checkbox"/> Airline authority's confirmation letter stating the compensation amount</li> <li><input type="checkbox"/> Photographs of damaged items</li> <li><input type="checkbox"/> Original repair receipt (damage items) / purchase receipts or warranty card of lost / damaged items</li> </ul>