

TUNE PROTECT TRAVEL CORPORATE CHANGE 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 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 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	
Airlines & Hotels Charges due to Cancellation	
(a) Airline's charges <input type="checkbox"/>	(b) Hotel's charges <input type="checkbox"/>
For any Airlines & Hotels charges, please state reason:	



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 2: 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

<input type="checkbox"/> Duly completed Claim Form	<input type="checkbox"/> Original Flight Itinerary
<input type="checkbox"/> Certificate of Insurance	<input type="checkbox"/> A copy of Passport

AIRLINE'S CHARGES

Receipt of expenses incurred for:-

- Reissuance fee
- Refund fee
- No show fee

HOTEL'S CHARGES FOR CANCELLATION DUE TO INSURED EVENTS

- Medical report or Death Certificate of the insured person or the insured person's immediate family member or
- Proof of relationship between the insured person / deceased and the immediate family member or
- Letter from Airlines confirming that the flight has been cancelled.