



TUNE PROTECT DOCUMENT PROTECTION 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: **AMA GLOBAL UAE, Level 41, Emirates Towers, Sheikh Zayed Road, Dubai, UAE PO Box 31303**

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 OMAN 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)

LOSS OF PERSONAL DOCUMENTS

☐ Passport and/or ☐ Identity Card and/or ☐ Driving License

Please complete **Section 2** on Description of Replacement Receipts

SECTION 2: DESCRIPTION OF REPLACEMENT RECEIPTS AND AMOUNTS CLAIMED

Details of amount claimed (please enclose original replacement receipts with the description of charges by the respective authorities /channels)

Date	Receipt Number	Description of Receipts i.e. Service Fees, Issuance Fees, Taxes, Other Fees	Amounts (OMR)	Place of Issuance



SECTION 3: PRIOR CLAIMS SUBMITTED UNDER THIS ANNUAL POLICY

Date of past claims submitted	Claims Approved (Yes / No)	Approved Claimed Amounts (OMR)

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 4: 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

☐ Certificate of Insurance

☐ A copy of Passport

☐ Copy of the report filed with the Police at place of loss within 24 hours

☐ Original receipts issued by the respective Authorities or Channels for replacement