TUNE PROTECT PET TRAVEL ASSURANCE

IMPORTANT NOTICE: To enable us to process your claim as quickly as possible, it is important to complete this form accurateland 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 claimform and all supporting documentations to our servicing agent: **AMA GLOBAL UAE Level 41, Emirates Towers Sheikh Zayed Road, Dubai, UAE P.O 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: ……

National ID No: …… Passport No: ……

Contact No: (Office)…… (House)…… (Mobile)……

Address: ……

Postcode: ……

Email Address: ……

Pet Details:

Pet Name (as per Microchip / Passport): ……

Breed: …… DOB: ……/……/…… SEX: M / F

Neutered: Yes / No Is your pet a rescue? Yes / No Date of Rescue: ……/……/……

Microchip Number: …… Policy Type: ……

Policy Number: …… Inception Date: ……

Is your pet currently covered by another insurance policy? Yes / No If Yes, please provide details:

Policy Provider: …… Policy Number: ……

Has your pet been registered / treated at any other veterinary practice prior to your most recent? Yes / No

If Yes, please provide practice details: ……

CLAIMANT'S BANK DETAILS (FOR QATAR 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 2 - To Be Completed by The Veterinary Doctor

Condition 1	**Condition 2**
Diagnosis: …… ……	Diagnosis: …… ……
Technique or operation used: ……	Technique or operation used: ……
Treatment Dates: ...../……./…….. to: ...../……./…..…..	Treatment Dates: ...../……./…….. to: ...../……./…..…..
Is this claim a continuation? Yes / No	Is this claim a continuation? Yes / No
If yes, what date was the previous treatment? ...../……./……..…	If yes, what date was the previous treatment? ...../……./……..…
Date condition first noted by owner	Date condition first noted by owner
As far as you are aware: ...../……./……..…	As far as you are aware: ...../……./……..…
Is there likely to be ongoing treatment? Yes / No	Is there likely to be ongoing treatment? Yes / No
If house calls were made, was this because it was life threatening to the pet to move it? Yes / No	If house calls were made, was this because it was life threatening to the pet to move it? Yes / No
Is any of the fee for Clinical diets? Yes / No	Is any of the fee for Clinical diets? Yes / No
If Yes: Product Name ……	If Yes: Product Name ……
Total cost (Inc. VAT): ……	Total cost (Inc. VAT): ……

In the event of the pet's death
Date of Death: …...../……../……..… Cause of Death: ……

If Euthanasia was performed, please indicate why it was necessary:
……
Were any charges made for Cremation or Burial? Yes / No If Yes: ……
……

Veterinary Declaration

I certify that, to the best of my knowledge, all the information contained in this form is correct and accurate. I also confirm that the fees charged are my normal practice fees relating to this condition and are not greater than I would normally charge my clients. Where any discount has been applied to the fees charged, this has been deducted from the amount claimed on this form.

Signature of Veterinary Surgeon: …… Stamp

Date: …...../……..…/……..…

SECTION 3 - Claims Checklist

In order for us to quickly, accurately and fairly process your claim, we require the following documents. Please ensure that these are included with your claim, as without them, this will result in a delay to the processing of your claim

Compulsory documents for all benefits: Certificate of Insurance

: Flight Itinerary

: Boarding Pass as proof of departure or return

Benefits	Documents Required	Enclosed
Death and Repatriation	• Claim form fully completed and signed by you and your Vet. • A full clinical history from your vet. • An itemized invoice showing all the treatment carried out. • Original or certified true copy of police report of the accident. • Death Certificate	Yes / No
Vet Fees for Emergency Treatment	• Claim form fully completed and signed by you and your Vet. • A full clinical history from your vet. • An itemized invoice showing all the treatment carried out.	Yes / No
Quarantine Fees	• Claim form fully completed and signed by you. • Hotel Bill for quarantine • Hospital Bill • Pet Microchip certificate (ISO certified) • Airline letter which confirms quarantine authorized carrier and transit license.	Yes / No

Loss of Travel Documents	• Claim form fully completed and signed by you. • Copy of Police report no later than 24 hrs after the incident • Document details like expenses bills.	Yes / No
Travel Rearrangements	• Claim form fully completed. • Copy of Airlines information/intimation of rerouting or rearrangement • Invoices of transportation, accommodation	Yes / No
Third Party Liability	• Copy of any writ, summons or legal documents you receive. • Photographs of bodily injury • Medical report • Incident report	Yes / No

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: …….. /……. / ……..