



TUNE PROTECT TRAVEL ADVENTURE 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 LEBANON 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

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- | | | | |
|--|--------------------------|---|--------------------------|
| (a) Accidental Death & Permanent Disablement | <input type="checkbox"/> | (b) Accidental and Sickness Medical Reimbursement | <input type="checkbox"/> |
| (c) Follow-up Treatment in Home Territory | <input type="checkbox"/> | (d) Compensation for Inconvenience Expenses | <input type="checkbox"/> |
| (e) Emergency Medical Evacuation | <input type="checkbox"/> | (f) Repatriation of Mortal Remains | <input type="checkbox"/> |
| (g) Loss, theft or damage to equipment (own) | <input type="checkbox"/> | (h) Loss, theft or damage to equipment (hired) | <input type="checkbox"/> |
| (i) Personal Liability | <input type="checkbox"/> | | |



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

Total 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
 - Copy of Passport

SECTION 3: (CONTINUED)

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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

Accidental and sickness Medical reimbursement & Follow up treatment

- Original medical bills
- Medical Report from the attending doctor

Compensation for Inconvenience Benefit

- List of items claimed
- Original receipts for the inconvenience expenses such as communication and transportation.

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. Original bill and receipts by ambulance operator/hospital.

Loss, theft or damage to equipment (own/hired)

- Purchase receipt of the damage/loss item
- Police Report
- List of items claimed
- Photographs of the damaged items
- Copy of rental slip / receipt (for hired equipment)

Personal liability (during Adventure)

- Demand letter from third party
- Eye witness report / statement
- Photographs (if any)
- Police report

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