



TUNE PROTECT TRAVEL GOLF 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).....(Mobile)..... Claimant's Name (as per ID / Passport): ID No: Passport No: Contact No: (Office).....(House)....(Mobile).....(Mobile) Address: Postcode: 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. Flight No: Passenger Name Record (PNR) No / Booking No: Airline: 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** TUNE PROTECT TRAVEL GOLF ASSURANCE Loss or damage to golf equipment/ (b) Golfing Equipment Hire Personal Effects Liabilities to the Public (during Golfing) (d) Hole in one

| Details of amount claimed (please enclose original purchase receipts or other proof of purchase) | Item | Description / Model Type | When and Where Purchased | Price | Pric





Notice: If you have more items, please attach sep	parate sheet	Total Amount:	<u> </u>
DECLARATION			
BESEARATION			
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 Date: /		Signature	
CECTION 2: CHECKLIST ON THE DE	OLUBED CHREADEN	C DOCUMENTO BY	TVDE OF CLAIM
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 COMPULSORY FOR ALL TYPES OF CLAIM	if the supporting documen	t is not in English, at your	own expense.
iii) Please provide translation COMPULSORY FOR ALL TYPES OF CLAIM	if the supporting documen	<u>t is not in English, at your</u> m Form <mark>□</mark> Original F	own expense. light Itinerary
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