

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).....

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 JORDAN 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 or permanent disablement ☐
 (b) Loss or damage to golf equipment ☐
 (c) Golfing Equipment Hire and Personal Effects ☐
 (d) Liabilities to the Public (during Golfing) ☐
 (e) Hole in one ☐

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

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Accidental death or 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

Golfing Equipment and Personal Effects

- ☐ Copy of rental slip / Receipt
- ☐ Incident report

Golfing Equipment Hire

- ☐ Copy of rental slip / Receipt
- ☐ Incident report

Liabilities to the Public (during Golfing)

- ☐ Demand letter from third party
- ☐ Eye witness report / statement
- ☐ Photographs (if any)
- ☐ Police report or Internal Incident report issued by the Golf Course official / Authority

Hole in one

- ☐ Written confirmation letter from the Golf Club on the "hole in one" was achievement.
- ☐ The receipts for the cost of celebratory drinks.