



TUNE PROTECT TRAVEL SHOP 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 OMAN 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

TUNE PROTECT TRAVEL SHOP ASSURANCE

- | | | | |
|---|--------------------------|--|--------------------------|
| (a) Loss of cash and personal valuables due to theft or robbery | <input type="checkbox"/> | (b) Monetary loss suffered from credit card fraud | <input type="checkbox"/> |
| (c) Loss of cash withdrawn by means of force | <input type="checkbox"/> | (d) Medical expenses reimbursement
(Injury due to snatch theft, robbery or assault) | <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)

TUNE PROTECT TRAVEL SHOP ASSURANCE

Loss of cash and personal valuables due to theft or robbery

- Police Report obtained at the place of loss & official translation of the report
- Currency exchange slip
- Purchase receipt / Invoice of the missing valuables

Monetary loss suffered from credit card fraud

- Dispute Form from the Credit Card company
- Credit Card Statement
- Police Report

Loss of cash withdrawn by means of force

- Dispute Form from the Bank
- Bank Statement
- Police Report
- ATM withdrawal slip

Medical expenses reimbursement

- Original medical bills
- Medical Report from the attending doctor
- Police Report