



TRAVEL Safe
Assurance

الاتحاد للتأمين
UNIONINSURANCE



TUNE PROTECT TRAVEL SAFE 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 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.

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)

1. TRAVEL INCONVENIENCE BENEFITS	
(a) Travel Delay	<input type="checkbox"/>
2. BAGGAGE BENEFITS	
(a) Baggage Delay	<input type="checkbox"/>
Please complete Section 2 on Description of Items	
(b) Baggage Damage / Loss by Common Carrier	<input type="checkbox"/>
Please complete Section 2 on Description of Items	
Baggage Collection Date:Place:Time:..... am/pm	



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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
Amount:

Total

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: / /



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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

TRAVEL DELAY

- ☐ Boarding pass as proof of departure or return
- ☐ Letter from Airline confirming the length and reasons of delay

BAGGAGE DELAY

- ☐ Boarding pass as proof of departure or return
- ☐ Written confirmation of length of delay from airline (Property Irregularity Report).

LOSS OR DAMAGE OF BAGGAGE AND PERSONAL EFFECTS

- ☐ Boarding pass as proof of departure or return
- ☐ Property Irregularity Report from airline
- ☐ Copy of the report filed with the Common Carrier or Police at place of loss within 24 hours
- ☐ Airline authority's confirmation letter stating the compensation amount
- ☐ Photographs of damaged items
- ☐ Original repair receipt (damage items) / purchase receipts or warranty card of lost / damaged items