



**TUNE PROTECT HAJJ & UMRAH TRAVEL TAKAFUL CLAIM FORM**

**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): ..... Sex : Male  Female   
 ID No: ..... Passport No: .....  
 Contact No: (Office)..... (House)..... (Mobile).....  
 Address: ..... Postcode: .....  
 Email Address: .....

**CLAIMANT'S BANK DETAILS (FOR IRAQ 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)

<b>SECTION 1: TYPE OF CLAIM</b>	
<b>1. MEDICAL BENEFITS</b>	
(a) Medical Expenses <input type="checkbox"/>	(b) Medical Follow up treatment <input type="checkbox"/>
<b>2. EVACUATION &amp; REPATRIATION BENEFITS</b>	
(a) Medical Evacuation <input type="checkbox"/>	(b) Repatriation of Mortal Remains <input type="checkbox"/>
<b>3. TRAVEL INCONVENIENCE BENEFITS</b>	
(a) Loss of Travel Documents/ Passport <input type="checkbox"/>	(b) Loss of Personal Money <input type="checkbox"/>
(i) Please describe event: ..... .....	

**4. BAGGAGE BENEFITS**

(a) Baggage Delay

(b) Loss or damage of Baggage

*Please complete **Section 2** on Description of Items*

Baggage Collection Date: ..... Place: ..... Time..... am/pm

**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: ..... / ..... / .....

### 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**

#### MEDICAL EXPENSES & FOLLOW-UP TREATMENT

- Original medical bills / Invoices
- Original receipts issued by the clinic/hospital  
Original medical report from the attending doctor

#### 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.

#### LOSS OF TRAVEL DOCUMENTS / PASSPORT / MONEY

- Boarding pass as proof of departure or return
- Copy of the report filed with the Airlines / Airport or Police at place of loss within 24 hours
- Original receipts and proof of payment for all emergency expenses.
- Receipt of expenses paid to get replacement travel documents
- Written report from the Embassy  
Copy of notification given to the nearest Embassy

#### BAGGAGE DELAY

- Boarding pass as proof of departure or return
- Written confirmation of Airlines or Shipping lines or their handling agent stating the reasons and period of delay in respect delayed baggage.  
All the necessary bills / invoices pertaining to the consumables purchased by the Insured Person for his emergency needs

#### LOSS OR DAMAGE TO BAGGAGE

- Boarding pass as proof of departure or return
- Property Irregularity Report from Airline to confirm that the baggage is loss or damage under Airline.
- Written confirmation from carrier that baggage is "non-traceable" or "lost"
- 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