

TUNE PROTECT TRAVEL WINTER 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 LEBANON 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 WINTER ASSURANCE | | | |
| (a) Medical expenses reimbursement (Injury due to accident) | <input type="checkbox"/> | (b) Piste Closure | <input type="checkbox"/> |
| (c) Loss, theft or damage to ski equipment (own) | <input type="checkbox"/> | (d) Loss, theft or damage to ski equipment (hired) | <input type="checkbox"/> |
| (e) Reimbursement of ski school fees, lift passes and hired ski equipment | <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 |
| | | | | |
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|--|--|--|--|--|
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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

| | |
|--|--|
| <input type="checkbox"/> Duly completed Claim Form | <input type="checkbox"/> Original Flight Itinerary |
| <input type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Copy of Passport |

SECTION 3: (CONTINUED)

TUNE PROTECT TRAVEL WINTER ASSURANCE

Medical expenses reimbursement

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

Piste Closure

- Receipt /bill incurred from the transport company
- Written confirmation from the resort/hotel on the closure

Loss, theft or damage to ski equipment (own/hired)

- Purchase receipt of the damage/loss item
- Police Report
- List of items claimed
- Photographs of the damaged items
- Copy of rental slip / receipt (for hired equipment)

Reimbursement of ski school fees, lift passes and hired ski equipment

- Bill/receipt paid for the ski school fees
- Medical Report from the attending doctor
- Copy of rental slip / receipt (for hired equipment)