TUNE PROTECT TRAVEL VISIT 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 BAHRAIN 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

1. PERSONAL ACCIDENT BENEFITS

Accidental Death ❑ Total Permanent Disablement ❑

Date of Accident (dd/mm/yyyy): …… Time: …… ❑am ❑pm

Description of incident/Injury: ……

Nature of Injury: ……

Are there any other insurance policies covering you for this incident? ❑ YES ❑ NO
If "Yes", please specify name of insurer, policy number and amount recoverable.

Insurer: …… Policy No.: …… Amount: ……

2. MEDICAL BENEFITS	
(a) Accidental & Sickness Medical Reimbursement	❑

3. EVACUATION & REPATRIATION BENEFITS	
(a) Emergency Medical Evacuation	❑
(b) Repatriation of Mortal Remains	❑

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 2: 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**

PERSONAL ACCIDENT BENEFITS (Death and TPD)

Accidental Death and 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

ACCIDENTAL AND SICKNESS MEDICAL REIMBURSEMENT

- ☐ 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.