

BAGGAGE DELAY & 1 HOUR ON-TIME GUARANTEE INSURANCE & TRIP CANCELLATION

*(For policies underwritten by Tune Protect Malaysia (Tune Insurance Malaysia Berhad 30686-K))

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: **Tune Protect Malaysia, Non-Motor Claims Department,** Level 8, Wisma Tune, No.19, Lorong Dungun, Damansara Heights, 50490 Kuala Lumpur, Malaysia.

CLAIM FORM

Please answer all questions and ☑ boxes where appropriate.	l eaving a guestion blank may result in	delays in settling your claim.
Policy Certificate Number:		, acta, con county, con county
Policyholder's Name:		
NRIC:		
Contact No: (O)(H)		
Claimant's Name (as per IC / Passport):		
NRIC:		
Contact No: (O)(H)		
Address: (1)		
Email Address:		
CLAIMANT'S BANK DETAILS (FOR MALAYSIAN ACCOUN		
Bank Account No:		
Please fill in the flight information. Leaving this section blank w		
-	,	
3	rassenger Name Record (FNR) No / Bo	ooking No:
First Departure Country: MALAYSIA		
Scheduled First Departure Date (dd/mm/yyyyy):		
Scheduled Return Date (dd/mm/yyyy):		
I am filing a claim in respect of:- (Please the relevant boxe SECTION 1: TYPE OF CLAIM (BAGGAGE DI	•	ARANTEE INSURANCE)
DOMESTIC - ONE WAY DOMESTIC - RETURN	INTERNATIONAL - ONE WAY INTERNATIONAL - RETURN	
1. TRAVEL INCONVENIENCE		
(i) Baggage Delay		
Baggage Collection Date:	Place:	am/pm
(ii) On-Time Guarantee		
(iii) Trip Cancellation due to tested positive COVID-19		

Are you or will you be a registered person under the Malaysian Goods and Services Tax (GST) at the commencement date of this policy	☐ YES	□ NO		
If yes, please provide the following:- (i) GST Identification No	:			
(ii) Date of registration	:			
Is the above policy for:- (i) Personal (including sole proprietorship)	YES	□ NO		
(ii) Business	☐YES	□ NO		
Is the input tax incurred by you on the medical or personal accident policy premium blocked from claims under Regulation 36 of the GST Regulations 2014? (Applicable for Medical and Personal Accident only)	YES	□NO		
I/we acknowledge that I/we have accessed and/or read the Privacy Notice of TIMB (available at all TIMB branch customer service counters and/or TIMB website) and agree to the processing of my/our personal data in the manner specified therein. I/we also consent to the collection, further processing and disclosure of my/our sensitive details herein for the purpose of processing claims and making the related payments.				
DECLARATION				
DECLARATION				
I/We hereby declare that the above statements and particulars are correct and complete in every respect and I/We have not concealed, misrepresented or misstated any material fact.				
I/We agree that if such statements and particulars are written by any other person, such person shall be deemed to have my/our Agent for the purpose of filling in this form and his statement shall be binding upon me/us				
I/We hereby acknowledge and understood the contents of the Personal Data Protection Act 2010 and agree to give my fullest co-operation				
to Tune Protect Malaysia or its representative in relation to this claim				
Name	Sig	nature		
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. 				
· · · · · · · · · · · · · · · · · · ·	y completed Claim Fo	_		
ON-TIME GUARANTEE	BAGGAGE DELAY			
☐ Boarding pass as proof of departure or return	 Boarding pass as proof of departure or return Written confirmation of length of delay from Airline (Property Irregularity 			
TRIP CANCELLATION	Report).			
☐ Copy of the COVID-19 test result certified by a Physician	1			
Invaigne 8 requires of sinform				
Invoices & receipts of airfare				