



PROPERTY CLAIM FORM

IMPORTANT NOTICE

- The issue of this form is not to be construed as an admission of liability on the part of the Company.
- Each question must be answered fully and completely. If insufficient space is provided for your answers, please continue on a separate sheet.

DOCUMENTATION CHECKLIST

<input type="checkbox"/> duly completed, signed and witnessed claim form	<input type="checkbox"/> manufacturer's report and/or maintenance/machinery inspection report and/or consultant report and/or engineers report
<input type="checkbox"/> purchase invoice, receipts, bills, stock records, profit and loss accounts, contract agreements	<input type="checkbox"/> repair / replacement quotation or bills
<input type="checkbox"/> police report and/or fire brigade report and /or forensic report and/or chemistry report	<input type="checkbox"/> relevant photographs
	<input type="checkbox"/> any other supporting documents

PARTICULARS OF INSURANCE

Policy No :	Certificate No : <i>(if Renewal applicable)</i>
Policy Period : From _____ To _____	

INSURED'S PARTICULARS

Name :			
Address :			
Business / Occupation :		Tel No & Person Contact :	



CIRCUMSTANCES OF LOSS/ DAMAGE

Loss Date & Time :		When was loss notified to you?	
Address of premises where loss or damage occurred :			
State use of premises at time of loss :			
Please state fully, to the best of your knowledge, how the loss or damage occurred :			
Have you any suspicions as to any parties causing the loss or damage?	<input type="checkbox"/> Ya / Yes		<input type="checkbox"/> Tidak / No
	If yes, please provide Names and Addresses / Telephone Numbers		
	Names		
	Addresses		
	Telephone Numbers		

NOTICE TO POLICE

Were the incidents taken by or reported to the Police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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WITNESS

Name :	
Address :	
Telephone No :	



DETAILS OF PROPERTY LOSS / DAMAGE

Describe property loss or damage, and extent of the damage	Name and Address of Party from whom property purchased / by whom presented	Date of purchase or presentation	Price paid for the purchase	Amount sum claimed for present value or damage
Are you the sole owner of the property loss or damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no , please provide the Name and Address of the owner:		
		Name :		
		Address :		
Is the property subject to Hire Purchase/Lease/Loan Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes , please provide details of institution (Name, Address, Agreement No.):		
		Name :		
		Address :		
		Agreement No. :		
Is there any other insurance on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes , please provide details of insurer and insurance cover:		
		Insurer :		
		Insurance cover :		
Have you made any claim of this nature, or loss or damage by any of the risks covered under the present policy to any Insurer or underwriter? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes , please provide details of claim and insurer/underwriter:		
		Claim :		
		Insurer/underwriter :		

DETAILS OF LOSS/ DAMAGE TO THIRD PARTY

Have you received notification from any third party ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , please provide Names and Addresses / Telephone Numbers		
Name of Third Parties :		
Address of Third Parties :		
Telephone No. of Third Parties :		
Nature & Extend of Loss / Damage / Injuries :		

Tune Protect Malaysia

Tune Insurance Malaysia Berhad
 Company No.: 197601004719 (30686-K)

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AUTHORIZATION FORM TO REGISTER FOR PAYMENT BY DIRECT CREDIT TO BANK ACCOUNT

I/We hereby authorize Tune Protect Malaysia Berhad (the Company) to credit all my/our payments to my/our bank account indicated below:

1. I/We hereby declare that the information given below is true and accurate to the best of my/our knowledge and records.
2. I/We understand that the Company will rely, and act based on the given information contained herein.
3. I/We shall indemnify the Company and its banker(s) against any loss and/or damage howsoever arising from any matters in relation to Fund Transfer requested by me/us herein including but not limited to error/incorrectness/inaccuracies of the information provided, delayed payment(s) and any other circumstances beyond the control of the Company and/or its banker(s).
4. I/We understand and acknowledge that the Company has the right to collect the/my/our information. By signing the authorization form, I/We consent to the Company using and disclosing my/our personal information for the purpose stated here. I/We also agree to provide information necessary to verify any statement given on this authorization form and to update information promptly to the Company.
5. I/We understand and acknowledge that my/we providing the bank details does not tantamount to the Company having admitted liability towards my/our claim under the relevant insurance policies but is only to facilitate the safe receipt of any monies that is due to me/us.

Account Details

Account Name (Beneficiary Name)	
Business Registration No. /NRIC	
Bank Name	
Bank Account Number	
Swift Code	
Mobile number	
Email Address	



DECLARATION

I/we acknowledge that I/we have accessed and/or read the Privacy Notice of the Company (available at all of the Company's branch customer service counters and/or the Company's 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.

I/We understand and agree that any personal information collected or held by the Company (whether contained in this application or otherwise obtained) may be held, used and disclosed by the Company to individuals/organizations related to and associated with the Company or any selected third party (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations/federations) for the purposes of processing this application/claim and providing subsequent service for this purpose. I/We understand that I/we have a right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made to the Company's Customer Service Center.

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 been 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 understand the requirements for sharing, processing, retention and amendment by way of the Personal Data Protection Act 2010 and agree to give my fullest co-operation to the Company or its representative in relation to this claim.

Name :

Signature :

Date :