



TUNE PROTECT TRAVEL EASY CLAIM FORM

- The completion and submission of this claim form shall not be construed as an admission of liability on the part of Tune Protect Malaysia (the Company).
- Please answer each question fully and completely. If insufficient space is provided for your answers, please continue on a separate sheet.
- The company may request for further information or documents to support this claim
- All claim documents are to be submitted electronically. Kindly keep the original copies for all the documents submitted for a period of 6 (six) years, or longer if so notified by the Company. You will be required to produce the original copies of the said documents if so requested by the Company at any time.

Please answer all questions and ☒ boxes where appropriate. Leaving a question blank may result in delays in settling your claim.

PARTICULARS OF INSURANCE		
Policy Certificate No		
Policyholder's Name		
NRIC No / Passport		
Contact No: (O)	(H)	(HP)
Email Address		
Claimant's Name		NRIC No / Passport No
Contact No: (O)	(H)	(HP)
Address		

Please fill in the flight information. Leaving this section blank would result in delays in settling your claims.

Airline:	Flight No:	Scheduled Departure Date: (dd/mm/yyyy)
Final Departure Date: (dd/mm/yyyy)	Arrival Date: (dd/mm/yyyy)	
Passenger Name Record (PNR) No	Arrival Time	



I am filing a claim in respect of :-

Please ☒ the relevant boxes and fill in the blanks

SECTION 1: TYPE OF CLAIM

☐ DOMESTIC / REGIONAL – ONE WAY

☐ INTERNATIONAL – ONE WAY

☐ DOMESTIC / REGIONAL – RETURN

☐ INTERNATIONAL – RETURN

PERSONAL ACCIDENT

☐ Accidental Death

☐ Total Permanent Disablement

☐ Disappearance

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

TRAVEL INCONVENIENCE

i. Baggage and Personal Effects
(Loss or damage to baggage,
clothing, personal effects of insured
person) ☐

ii. Baggage delay
(Reimbursement only if luggage is
delayed for 6 consecutive hours from
scheduled flight) ☐

Please complete Section 2 on Description of Items

Baggage Collection Date

Place

Time (am/pm)



(a) Trip Cancellation	<input type="checkbox"/>	(b) Flight Delay	<input type="checkbox"/>
(c) Trip Curtailment	<input type="checkbox"/>	(d) Common Carrier Delay	<input type="checkbox"/>
(e) Missed Flight Connection	<input type="checkbox"/>	(f) Loss of Personal Money (International Travel Only)	<input type="checkbox"/>
(g) Loss of Travel Documents (International Return Trip Only)	<input type="checkbox"/>		

For Trip Cancellation or Curtailment, please state reason:

(i) MEDICAL AND EVACUATION EXPENSES

- | | | | |
|---|--------------------------|---|--------------------------|
| (a) Medical Expenses
(Excluded for Domestic One Way) | <input type="checkbox"/> | (b) Emergency Medical Evacuation &
Mortal Remain Repatriation
(Excluded for Domestic One Way) | <input type="checkbox"/> |
| (c) Compassionate Visit (Hospitalization) | <input type="checkbox"/> | | |

(ii) PERSONAL LIABILITY

Describe incident:

Date of incident

Name of eyewitness

Lawsuit filed? ☐ YES ☐ NO

Contact No

Please forward a copy of the suit, police report and
eyewitness report

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
Note: if you have more items, please attach separate sheet			Total Amount:	

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 Insurance Malaysia Bhd (Tune Protect Malaysia) 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 Tune Protect Malaysia will rely, and act based on the given information contained herein.
3. I/We shall indemnify Tune Protect Malaysia 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 Tune Protect Malaysia and/or its banker(s).
4. I/We understand and acknowledge that Tune Protect Malaysia has the right to collect the/my/our information. By signing the authorization form, I/We consent to Tune Protect Malaysia 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 Tune Protect Malaysia.
5. I/We understand and acknowledge that my/we providing the bank details does not tantamount to Tune Protect Malaysia 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
Email Address	Mobile number



AUTHORIZATION TO PHYSICIAN, HOSPITAL OR CLINIC TO RELEASE INFORMATION

☐ I hereby authorize any legally registered physician, medical practitioner, hospital, or clinic by whom or where I have been observed or treated, to give full particulars about my health including my whole medical history to the Company for the purpose of processing this submitted claim.

I further authorize any insurance company and its authorized representatives to release all information and documents pertaining to my policies including all previous and current claim details to the Company.

A photocopy of this authorization shall have the full effect of the original authorization.

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

Signature	Name
	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) Please tick against the documents you have submitted
 - ii) Dependent upon the circumstances, we may require other evidence to support claim: in which case we will contact you.
 - iii) Failure to provide the supporting documents may result in a delay of your claim.
 - iv) Please provide translation if the supporting document is not in English, at your own expense.

COMPULSORY FOR ALL TYPES OF CLAIMS

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

PERSONAL ACCIDENT BENEFIT (Death and TPD)

- ☐ Medical Report
- ☐ Medical Specialist where required
- ☐ Photograph of Injury.
- ☐ Certified true copy of police report of the accident.
- ☐ Copy of Death Certificate, burial permit and post-mortem report where applicable.

LOSS OR DAMAGE TO BAGGAGE & / OR PERSONAL EFFECTS

- ☐ Boarding pass as proof of departure or return.
- ☐ Property Irregularity report from the Airline.
- ☐ Authority (Airline) confirmation letter stating compensation amount.
- ☐ Photographs of damaged items.
- ☐ Original repair bill (damage items) purchase receipts or warranty card of lost/damaged items.

FLIGHT DELAY

- ☐ Boarding pass as proof of departure or return.
- ☐ Written confirmation of length of delay from Airline (Property Irregularity Report)

BAGGAGE DELAY

- ☐ Boarding pass as proof of departure or return.
- ☐ Written confirmation of length of delay from Airline (Property Irregularity Report).
- ☐ Proof of the time luggage received

<p>TRIP CURTAILMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical report or copy of Death Certificate of the insured person or the immediate family member. <input type="checkbox"/> Proof of the relationship between insured person and the immediate family member. <input type="checkbox"/> Travel agency/airline confirmation on the cost of non-refundable prepaid travelling expenses. <input type="checkbox"/> Proof of hospitalization for own self. 	<p>TRIP CANCELLATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Travel agency/airline confirmation on the cost Of non-refundable prepaid travelling expenses. <input type="checkbox"/> Medical report or Death Certificate of the insured person of the immediate family member. <input type="checkbox"/> Proof of relationship between insured person/ deceased and the immediate family member.
<p>LOSS OF PERSONAL MONEY / TRAVEL DOCUMENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Boarding pass as proof of departure or return. <input type="checkbox"/> Copy of the report filed with the Airlines / Airport or Police at place of loss within 24 hours. <input type="checkbox"/> Proof of the amount of money missing, e.g money exchange receipts <input type="checkbox"/> Receipt of expenses paid to get replacement travel documents. 	<p>PERSONAL LIABILITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Demand letter from Third Party claimant. <input type="checkbox"/> Eye Witness report / statement. <input type="checkbox"/> Correspondences (if any) between insured and Third Party Claimant. <input type="checkbox"/> Photographs (if any). <input type="checkbox"/> Original or certified true copy of police report where applicable. <p>Note: Please do not admit liability or negotiate with the third party without written consent from the insurer.</p>
<p>EMERGENCY MEDICAL EVACUATION / REPATRIATION (in the event of accident injury or death)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Original bill and receipts by ambulance operator/hospital. <input type="checkbox"/> Original medical report from the treating doctor. <p>This section is Not Applicable if Asia Assistance Network (M) Sdn Bhd had provided the services in regard to Medical Evacuation or Repatriation.</p>	<p>COMPASSIONATE VISIT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recommendation letter from the attending doctor to confirm that the insured should be accompanied by another person during his/ her admission in hospital. <input type="checkbox"/> Receipt of expenses incurred ie, hotel accommodation. <input type="checkbox"/> Air ticket and boarding pass of the person accompanying the insured.
<p>MEDICAL EXPENSES REIMBURSEMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Original medical bills / invoices. <input type="checkbox"/> Original receipts issued by the clinic/hospital <input type="checkbox"/> Original medical report from the attending doctor. 	<p>COMMON CARRIER DELAY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Boarding pass as proof of departure or return. <input type="checkbox"/> Letter from airline confirming the length of delay from the actual departure time and reason for the delay.