



TUNE PROTECT TRAVEL - AIRASIA (WPUA)

*(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 7, Wisma Tune, No.19, Lorong Dungun, Damansara Heights, 50490 Kuala Lumpur, Malaysia.

CLAIM FORM

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

Master Policy No:

Insured's Name:

NRIC: Passport No:

Contact No: (O)..... (H)..... (HP).....

Claimant's Name (as per IC / Passport):

NRIC: Passport No:

Contact No: (O)..... (H)..... (HP).....

Address: Postcode:

Email Address:

CLAIMANT'S BANK DETAILS (FOR MALAYSIAN ACCOUNT ONLY)

Bank Account No: Bank Name:

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

Airline: **AirAsia** Flight No : Passenger Name Record (PNR) No / Booking No :

First Departure Country: MALAYSIA

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

DOMESTIC - ONE WAY ☐

INTERNATIONAL - ONE WAY ☐

DOMESTIC - RETURN ☐

INTERNATIONAL - RETURN ☐

1. 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:

2. TRAVEL INCONVENIENCE

(i) Loss or Damage to Checked-In Baggage ☐

(ii) Baggage Delay ☐

Baggage Collection Date: Place: Time: am/pm

2. TRAVEL INCONVENIENCE (continued)			
(a) Trip Cancellation <input type="checkbox"/>	(b) AirAsia 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 Travel Only) <input type="checkbox"/>	(h) On-Time Guarantee <input type="checkbox"/>		
(i) Travel Re-Route <input type="checkbox"/>	(j) Hijack Distress Allowance <input type="checkbox"/>		
For Trip Cancellation or Curtailment, please state reason:			
3. MEDICAL AND EVACUATION EXPENSES			
(a) Accidental Medical Expenses (Excluded for One way Plan) <input type="checkbox"/>	(b) Emergency Medical Evacuation & Mortal Remains Repatriation <input type="checkbox"/>		
(c) Accidental & Sickness Medical Expenses (Return Plan Only) <input type="checkbox"/>	(d) Compassionate Visit (Hospitalization) (International – Return Plan Only) <input type="checkbox"/>		
4. PERSONAL LIABILITY			
Describe incident:			
Date of incident: Name of eye witness: Contact No:			
Law suit filed?: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please forward a copy of the suit, police report and eye witness report.			
5. HOME CARE BENEFIT			
Describe incident:			
.....			
Date of incident:			
Police report lodged? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please complete Section 2 on Description of Items.			

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
Notice: If you have more items, please attach separate sheet			Total Amount:	

Are you or will you be a registered person under the Malaysian Goods and Services Tax (GST) at the commencement date of this policy		<input type="checkbox"/> YES	<input type="checkbox"/> 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)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(ii) Business	<input type="checkbox"/> YES	<input type="checkbox"/> 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)		<input type="checkbox"/> YES	<input type="checkbox"/> NO

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
PERSONAL ACCIDENT BENEFIT (Death and TPD) <ul style="list-style-type: none"> <input type="checkbox"/> Original medical report /Bills <input type="checkbox"/> Original medical Specialist report where required <input type="checkbox"/> Photograph of injury <input type="checkbox"/> Original or certified true copy of police report of the accident. <input type="checkbox"/> Original copy of Death Certificate, burial permit and post mortem report where applicable 		PERSONAL ACCIDENT BENEFIT (Disappearance) <ul style="list-style-type: none"> <input type="checkbox"/> Court Order presuming insured's death in the event of disappearance <input type="checkbox"/> Police Report <input type="checkbox"/> Undertaking Letter stating that Claimant shall refund paid sum to the Company if the Insured Person is subsequently found to be living 	
TRIP CANCELLATION <ul style="list-style-type: none"> <input type="checkbox"/> Travel agency/airline/hotel 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. <input type="checkbox"/> Confirmation of date and time, the duration and reasons of delay form relevant public transportation authorities. <input type="checkbox"/> Authorization Letter from Claimant (Section 4) <input type="checkbox"/> Police Report / vehicle workshop receipt where applicable 		TRIP CURTAILMENT <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/hotel confirmation on the cost of non-refundable prepaid travelling expenses <input type="checkbox"/> Proof of hospitalization for own self. 	
ON-TIME GUARANTEE <ul style="list-style-type: none"> <input type="checkbox"/> Boarding pass as proof of departure or return 		FLIGHT DELAY <ul style="list-style-type: none"> <input type="checkbox"/> Boarding pass as proof of departure or return 	
MISSED FLIGHT CONNECTION <ul style="list-style-type: none"> <input type="checkbox"/> Letter from airline confirming the actual time of arrival at the airport of transit and actual departure time of the connecting flight <input type="checkbox"/> Flight Itinerary for onward connection flight 		LOSS OF PERSONAL MONEY / TRAVEL DOCUMENTS <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"/> Original receipts and proof of payment for all emergency expenses. <input type="checkbox"/> Receipt of expenses paid to get replacement travel documents 	

<p>COMMON CARRIER DELAY</p> <p><input type="checkbox"/> Boarding pass as proof of departure or return</p> <p><input type="checkbox"/> Confirmation of date and time, the duration and reasons of delay from relevant public transportation authorities.</p>	<p>MEDICAL EXPENSES REIMBURSEMENT</p> <p><input type="checkbox"/> Original medical Bills/Invoices</p> <p><input type="checkbox"/> Original receipts issued by the clinic/hospital</p> <p><input type="checkbox"/> Original medical report from the attending doctor</p>
<p>EMERGENCY MEDICAL EVACUATION / REPATRIATION (in the event of accident injury or death)</p> <p><input type="checkbox"/> Original bill and receipts by ambulance operator/hospital.</p> <p><input type="checkbox"/> Original medical report from the treating doctor</p> <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> <p><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.</p> <p><input type="checkbox"/> Receipt of expenses incurred ie. hotel accommodation.</p> <p><input type="checkbox"/> Boarding pass of the person accompanying the Insured.</p>
<p>PERSONAL LIABILITY</p> <p><input type="checkbox"/> Demand letter from Third Party claimant</p> <p><input type="checkbox"/> Eye Witness report / statement</p> <p><input type="checkbox"/> Correspondences (if any) between Insured and Third party Claimant</p> <p><input type="checkbox"/> Photographs (if any)</p> <p><input type="checkbox"/> Original or certified true copy of police report where applicable</p> <p>Note: Please do not admit liability or negotiate with the third party without written consent from the Insurer.</p>	<p>BAGGAGE DELAY</p> <p><input type="checkbox"/> Boarding pass as proof of departure or return</p> <p><input type="checkbox"/> Written confirmation of length of delay from Airline (Property Irregularity Report).</p>
<p>LOSS OR DAMAGE TO CHECKED-IN BAGGAGE</p> <p><input type="checkbox"/> Boarding pass as proof of departure or return</p> <p><input type="checkbox"/> Property Irregularity report from the Airline</p> <p><input type="checkbox"/> Authority (Airline) confirmation letter stating compensation amount</p> <p><input type="checkbox"/> Photographs of damaged items</p>	<p>TRAVEL RE-ROUTE</p> <p><input type="checkbox"/> Boarding pass as proof of departure or return</p> <p><input type="checkbox"/> Letter from AirAsia confirming the length, destination and reason for the flight re-route</p>
<p>HIJACK DISTRESS ALLOWANCE</p> <p><input type="checkbox"/> Boarding pass as proof of departure or return</p> <p><input type="checkbox"/> Original certification from AirAsia regarding hijack incident and duration of hijacking</p>	<p>HOME CARE BENEFITS</p> <p><input type="checkbox"/> Boarding pass as proof of departure or return</p> <p><input type="checkbox"/> Police report on the break-in or robbery</p> <p><input type="checkbox"/> Receipts / Purchase invoice of the stolen / missing items</p> <p><input type="checkbox"/> Photograph of the damaged property due to the break-in / robbery</p> <p><input type="checkbox"/> Receipt for repair / replacement cost of the damaged property</p>

SECTION 4: AUTHORIZATION LETTER (Only applicable for Flight Cancellation claim only)

IMPORTANT NOTICE: Please note that you will need to complete this Authorization Letter if you are submitting Flight Cancellation Claim.

.....

Date:

Address:

Dear Sirs

Case Reference No:

PNR No:

TPM Policy No:

TPM Claim No:

With reference to the above subject, we hereby authorize the payment for the sum of
RM_____ to be made in favour of M/S _____

We acknowledge that successful remittance of the cash is conclusive proof of acceptance /
receipt discharging Tune Protect Malaysia of any further liability arising from this claim.

Thank you.

Yours faithfully

.....
Insured's name:

Insured's NRIC/passport:

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