TUNE PROTECT CLAIM FORM FOR SALAMAIR PASSENGER

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.**
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 OMAN 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 (TUNE PROTECT TRAVEL – SALAMAIR)

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) Medical Reimbursement ❑
(b) Follow up Treatment in Home Country ❑
(c) Hospital Allowance ❑
(d) Compassionate visit due to Hospitalization / Death of Insured Person ❑

3. EVACUATION & REPATRIATION BENEFITS

(a) Emergency Medical Evacuation ❑ (b) Repatriation of Mortal Remains ❑

4. TRAVEL INCONVENIENCE BENEFITS

(a) Loss of Travel Documents ❑ (b) Loss of Personal Money ❑
*Please complete **Section 2** on Description of Expenses*

(c) Travel Delay ❑ (d) Missed Departure (Public Transport) ❑

(e) Travel Cancellation / Curtailment ❑

For Travel Cancellation or Curtailment, please state reason:

5. BAGGAGE BENEFITS

(a) Baggage Delay ❑ (b) Loss or Damage of Baggage and Personal Effects ❑
*Please complete **Section 2** on Description of items*

Baggage Collection Date: ……Place: ……Time…… am/pm

6. OTHER TRAVEL RELATED BENEFITS

(a) Home Away Protection ❑ (b) Mugging ❑
*Please complete **Section 2** on Description of Items*

Description of incident: …….

……

Date of incident: …… Name of eye witness: .....

Contact No: .....

Law suit filed?: Yes ❑ No ❑

Please forward a copy of the suit, police report and eye witness report.

7. TUNE PROTECT TRAVEL – SALAMAIR DOMESTIC (For customers who purchase Tune Protect Travel – Salam Air Domestic only)

(a) Baggage Delay ❑ (b) Loss or Damage of Baggage and Personal Effects ❑
*Please complete **Section 2** on Description of items*

Baggage Collection Date: ……Place: ……Time…… am/pm

(c) Travel Delay ❑

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:**	

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

- ☐ **Duly completed Claim Form**
- ☐ **Original Flight Itinerary**
- ☐ **Certificate of Insurance**

PERSONAL ACCIDENT BENEFITS (Death and TPD)

a. 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

MEDICAL BENEFITS

a. Accidental and Sickness Medical Reimbursement
b. Follow up Treatment in Home Country
c. Hospital Allowance

- ☐ Original medical bills/Invoices
- ☐ Original receipts issued by the clinic/hospital
- ☐ Original medical report from the attending doctor

COMPASSIONATE VISIT DUE TO HOSPITALIZATION / DEATH OF INSURED PERSON

- ☐ Air ticket and boarding pass of the person accompanying the insured
- ☐ Receipt of expenses incurred
- ☐ Recommendation letter from the attending doctor to confirm that the Insured person should be accompanied by another person during his/her admission in hospital

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.

LOSS OF TRAVEL DOCUMENTS / PERSONAL MONEY

- ☐ Boarding pass as proof of departure or return
- ☐ Copy of the report filed with the Airlines / Airport or Police at place of loss within 24 hours
- ☐ Original receipts and proof of payment for all emergency expenses.
- ☐ Receipt of expenses paid to get replacement travel documents

TRAVEL DELAY/ DELAY OF ARRIVAL

- ☐ Boarding pass as proof of departure or return
- ☐ Letter from Airline confirming the length and reasons of delay

MISSED DEPARTURE (PUBLIC TRANSPORT)

- ☐ Written confirmation from the public transport operator confirming the delay duration

TRAVEL CANCELLATION

- ☐ Travel agency / airline confirmation on the cost of non-refundable prepaid travelling expenses
- ☐ Medical report or Death Certificate of the insured person or the insured person's immediate family member
- ☐ Proof of relationship between the insured person / deceased and the immediate family member.

TRAVEL CURTAILMENT

- ☐ Medical report or copy of Death Certificate of the insured person or the immediate family member
- ☐ Proof of the relationship between insured person and the immediate family member.
- ☐ Travel agency / airline confirmation on the cost of non-refundable prepaid travelling expenses
- ☐ Proof of hospitalization of the insured person.

BAGGAGE DELAY

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

LOSS OR DAMAGE TO BAGGAGE AND / OR PERSONAL EFFECTS

- ☐ Boarding pass as proof of departure or return
- ☐ Property Irregularity Report from airline
- ☐ Airline authority's confirmation letter stating the compensation amount
- ☐ Photographs of damaged items
- ☐ Original repair receipt (damage items) / purchase receipts or warranty card of lost / damaged items

HOME AWAY PROTECTION

- ☐ Boarding pass as proof of departure or return
- ☐ Original or Certified True Copy of police report stating the lost items and the incident

MUGGING

- ☐ Original or Certified True Copy of police report detailing the incident.
- ☐ Receipt of the particular ATM transaction.

Oman Qatar Insurance Company
P.O Box 3660 Ruwi 112 Sultanate of Oman