



TRAVELSURE – MALAYSIA CLAIM FORM

*(For policies underwritten by Tune Protect Malaysia (Tune Insurance Malaysia Behad 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 9, Wisma TUNE, No.19, Lorong Dungun, Damansara Heights, 50490 Kuala Lumpur, Malaysia or you may E-mail it to claims.travelsure@tuneinsurance.com

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:

NRIC: Passport No:

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

Claimant's Name:

NRIC: Passport No:

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

Address: Postcode:

Email Address:

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:

Origin Departure Country: MALAYSIA

Schedule Departure date (dd/mm/yyyy) : Final Departure (dd/mm/yyyy) :

Arrival Date (dd/mm/yyyy):

Period of Travel (dd/mm/yyyy): From To

I am filing a claim in respect of:- (Please the relevant boxes and fill in the blanks)

SECTION 1: TYPE OF CLAIM		
REGIONAL - ONE WAY <input type="checkbox"/>		REGIONAL - RETURN <input type="checkbox"/>
1. PERSONAL ACCIDENT		
Accidental Death <input type="checkbox"/>	Total Permanent Disablement <input type="checkbox"/>	Disappearance <input type="checkbox"/>
Date of Accident (dd/mm/yyyy):		Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Description of incident/Injury:		
Nature of Injury:		
Are there any other insurance policies covering you for this incident?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If "Yes", please specify name of insurer, policy number and amount recoverable.		
Insurer:		
Policy No.:		
Amount:		

2. TRAVEL INCONVENIENCE continued

- (a) Flight Cancellation
- (b) Flight Curtailment
- (c) Flight Delay
- (d) Common Carrier Delay
- (e) Missed Flight Connection
- (f) Baggage and Personal Effects
- (g) Baggage Delay
- (h) Loss of Personal Money
- (i) Loss of Travel Documents

For Flight Cancellation or Curtailment, please state reason:

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For Baggage Claim, please complete **Section 2** on **Description of Items**

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

a) MEDICAL AND EVACUATION EXPENSES

- (a) Accidental & Sickness Medical Expenses
- (b) Emergency Medical Evacuation & Mortal Remains Repatriation
- (c) Compassionate Visit

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 refused.

.....
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 BENEFIT (Death and TPD)

- 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.

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 CANCELLATION

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

FLIGHT 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 for own self.

FLIGHT DELAY

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

COMMON CARRIER DELAY

- Boarding pass as proof of departure or return
- Letter from airline confirming the length of delay from the actual departure time and reason for the delay.

MISSED FLIGHT CONNECTION

- Letter from airline confirming the actual time of arrival at the airport of transit and actual departure time of the connecting flight (Property Irregularity Report)

LOSS OF PERSONAL MONEY/ TRAVEL DOCUMENTS

- 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

COMPASSIONATE VISIT

- Recommendation Letter from the attending doctor to confirm that the Insured should be accompanied by another person during his/her admission in hospital.
- Receipt of expenses incurred ie. hotel accommodation.
- Boarding pass of the person accompanying the Insured.

MEDICAL EXPENSES REIMBURSEMENT

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

EMERGENCY MEDICAL EVACUATION / REPATRIATION

(in the event of accident injury or death)

- Original bill and receipts by ambulance operator/hospital.
- Original medical report from the treating doctor

This section is Not Applicable If Asia Assistance Network (M) Sdn Bhd had provided the services in regard to Medical Evacuation or Repatriation.