



## COVID TRAVEL PASS+ CLAIM FORM

- The completion and submission of this claim form shall not be construed as an admission of liability on the part of 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.

Policy Certificate Number: .....

Policyholder'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: .....

**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 (COVID TRAVEL PASS+)		
INTERNATIONAL - ONE WAY	<input type="checkbox"/>	
INTERNATIONAL - RETURN	<input type="checkbox"/>	
<b>1. PERSONAL ACCIDENT</b>		
Accidental Death <input type="checkbox"/>	Total Permanent Disablement <input type="checkbox"/>	Covid-19 Bereavement Allowance <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: .....

**Tune Protect Malaysia**

Tune Insurance Malaysia Berhad  
Company No.: 197601004/719 (30686-K)

Level 9, Wisma Tune, No 19, Lorong Dungun, Damansara Heights, 50490, Kuala Lumpur

Tel +603 2087 9000 Fax +603 2094 1366 Website tuneprotect.com

2. TRAVEL INCONVENIENCE	
(a) Trip Cancellation	<input type="checkbox"/>
(b) Trip Curtailment	<input type="checkbox"/>
(c) Flight Delay on Arrival	<input type="checkbox"/>
(d) Loss or Damage to Checked-In Baggage	<input type="checkbox"/>
(e) Baggage Delay on Arrival	<input type="checkbox"/>
Baggage Collection Date: .....Place: .....Time..... am/pm	
For Trip Cancellation or Curtailment, please state reason:	
3. MEDICAL EXPENSES	
(a) Medical Expenses due to	
i) Accident and/or Sickness	<input type="checkbox"/>
ii) Covid 19 (Stage 3-5) during Your Trip occurring within Malaysia	<input type="checkbox"/>
(b) Covid 19 Diagnosis Quarantine Allowance	<input type="checkbox"/>
4. GROUND INCONVENIENCE BENEFITS (DUE TO SNATCH THEFT ONLY)	
(i) Loss of Travel Documents	<input type="checkbox"/>
(ii) Loss of Personal Money	<input type="checkbox"/>
(iii) Loss of Personal Effects	<input type="checkbox"/>

SECTION 2: DESCRIPTION OF ITEMS AND AMOUNTS CLAIMED (FOR ITEM 2 & 4)				
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			<b>Total Amount:</b>	



## 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/Malay, at your own expense.**

### COMPULSORY FOR ALL TYPES OF CLAIM

Duly completed Claim Form

Original Flight Itinerary

#### PERSONAL ACCIDENT BENEFIT (Death and TPD)

- Copy of medical report
- Copy of medical Specialist report where required
- Photograph of injury
- Copy of police report of the accident
- Copy of Death Certificate
- Copy of Post Mortem Report

#### FLIGHT DELAY ON ARRIVAL

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

#### COVID-19 BEREAVEMENT ALLOWANCE

- Copy of Death Certificate

#### LOSS OR DAMAGE TO CHECKED-IN BAGGAGE

- Boarding pass as proof of departure or return
- Property Irregularity report from the Airline
- Photographs of damaged items

#### TRIP CANCELLATION

- Travel agency/airline/hotel confirmation on the cost of non-refundable prepaid travelling expenses/local tour packages/admission tickets
- Medical report or Death Certificate of the insured person of the immediate family member
- Proof of relationship between insured person / deceased
- Proof of hospitalization for own self.

#### BAGGAGE DELAY ON ARRIVAL

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

#### TRIP CURTAILMENT

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

#### MEDICAL EXPENSES REIMBURSEMENT

- Original medical Bills/Invoices
- Original receipts issued by the clinic/hospital
- Copy of medical report from the attending doctor
- Discharge Note/Summary from Hospital (Inpatient)
- PCR Test within 72 hours prior to departure (for Covid 19 stage 3-5)

#### COVID 19 DIAGNOSIS QUARANTINE ALLOWANCE

- PCR Test within 72 hours prior to departure
- Covid Test Result (In Malaysia)
- Letter from MOH instructed to quarantine at designated quarantine center

#### LOSS OF PERSONAL EFFECTS

- Boarding pass as proof of departure or return
- Copy of the report filed with the Police at place of loss within 24 hours
- Original purchase receipts or warranty card of lost item

#### LOSS OF PERSONAL MONEY / TRAVEL DOCUMENTS

- Boarding pass as proof of departure or return
- Copy of the report filed with the Police at place of loss within 24 hours
- Receipt of expenses paid to get replacement travel documents
- Detailed breakdown of the cash lost together with currency of exchange slip.

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## Authorization Form for Payment

I/We hereby authorize Tune Protect Malaysia Insurance Malaysia Berhad (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)	
Bank Account Holder ID No.	
Bank Name	
Bank Account Number	Swift Code
Bank Currency	Bank IBAN No.
Bank Address	
Home Address	

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## 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 2021 and agree to give my fullest co-operation to the Company or its representative in relation to this claim

Signature	Name
	Date

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