

a. Date & Time of Accident

d. Extent of Injury (if Personal)

b. Place of Accident c. Nature of Accident?

## Claimant's Statement Form (Accident / Health / Travel)

## Instructions & Important Note:

- Please tick (√) & complete the relevant part(s) below.
- If the claimant is under 20 years of age, the parent or guardian name and national ID card should be included with the documents submitted.
- If there is more than one policy number to claim, please use a separate claim form.
- To enable us to process your claim promptly, please complete all relevant parts of this form and ensure the required documents are included from the checklist found in Part 7.

Policy Number Please indicate your policy name and number from the certificate you received	Claim Type Please tick (v) all benefits you are claiming)					
POLICY NUMBER:	ACCIDENTAL DEATH		MEDICAL EXPENSES (OPD / IPD)			
TOLICT NOMBER.	DISMEMBERMENT & LOS	SS OF SIGHT	EMERGENCY EVACUATION / REPATRIATION			
	PERMANENT DISABILITY		LEGAL LIABILITY (TRAVEL)			
	FUNERAL EXPENSE		COVID INFECTION / VACCINATION			
		DELAY / MISSED CONNECTION	HOSPITAL INCOME BENEFIT			
	BAGGAGE DELAY / DAM		CRITICAL ILLNESS			
		MS / MONEY / DOCUMENTS				
1. Insured Name		2. Insured Date of Birth (if under 20, please include proof of document for parent or guardian ID or passport if foreigner)				
3. Insured ID or Passport No (Passport if foreigner)		4. Insured Telephone No.				
5. Email Address		6. Insured Residential Address				
7.Occupation						
Part 2. Details of Claimant or Beneficiary (if different from Part 1) – If more than four beneficiaries, please include additional beneficiary information on separate page						
Name	National ID / Passport No	Email address / Telephone No	Residential Address (including City / Province)			
Part 3. Other Insurance Details	– Please provide all deta	ills of other insurance currently ac	ctive			
1. Name of Insurance Company		2. Policy Number(s):				
3. Type of Insurance Please tick (v) all that apply	🗌 Health 🗌 Tr	ravel 🗌 Personal Accident	Life Other			
Part 4. Details of the Claim						
1. Cause of event ** please provide the complete details of the cause						
2. If caused by <u>Accident</u>						

e. Any Police Report made? *If YES please include copy of police report	🗌 Yes 🗌 No			
f. If NO police report was made please describe briefly how the accident occurred				
4.1 Has the Insured Person suffer				
If Yes, **please give all detail	s below, please add additional	details on separate sh	eet if needed	
Date of Consultation	Nature of Injury or Illness	Diagnosis	Date of Admission & Discharge (if any)	Name, Address & Tel No. of Doctor
4.2 For Permanent Disability claim	ns, the following must be comp	oleted.		
a. Date disability diagnosed by the do	ctor			
b. Nature of disability confirmed by de	octor			
c. Was disability caused while employ	red by public or private company?	Yes No	e of work and nature of duties:	

4.3. For Travel Baggage Damage and Loss or Personal Items / Money / Do	Documents. the following must be complete	С
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Item Damaged / Lost	Date of Purchase (Month/Year)	Where Purchased (include proof of purchase)	Cost to Repair or Replace Damaged or Lost Item (in Thai baht)	Total Amount Claimed (in Thai baht)	
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Part 5. Request for Overseas Telegraphlc Transfer (TT Payment)				
lnsured Name & Address	Account Holder Name : (Insured only)			
	Address : (Address in your country of residencel)			
Your Bank Details	Number of Bank			
	Branch and Address of Bank			
	Account Number :			
	Routing Number :			
	Currency			
	Bank SWIFT Code :			
	Code : IBAN Code :			

## Part 6. Declaration & Authorization (must be signed by insured, claimaint or beneficiary for claim to be considered)

I (otherwise known as the insured, claimant, or beneficiary) hereby authorize any physician, hospital, clinic, insurance company or other organisation, institution or person, that has any records or knowledge of me or my health, to disclose to the Company or its representative any and all information about me with reference to my health and medical history and any hospitalisation, advice, treatment, disease or ailment. A photostat copy of this authorisation shall be as effective and is valid as the true original.

I hereby grant consent to Tune Insurance to collect, use, disclose and transfer my personal data and sensitive data which I provided in additional document for the claims submission purposes and claims payment under legal basis from policy contract and including allowing the Company to disclose personal data and my sensitive data to agents/brokers or service providers who are third parties to carry out the same aforementioned purposes. I have read, informed and understood the objectives and purposes for processing data of the Company's privacy policy as detailed in https://www.tuneprotect.co.th/th/privacy-policy

In the event during the company's assessment and audit, it is noted that the receipts provided were fraudulent in nature, the Company has the right to recover all monies from the claimant at any point of time.

I declare that the information given is true and correct. I understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and I shall forfeit my right to claim under the policy and every part of my claim will be voided automatically and I understand that company shall take a legal action due to my fraudulent action. I hereby authorize you to credit the claim payment in accordance with Part 5 above, if applicable. I understand that no claim payments will be transerred to a bank account in a sanctioned country or if I have my account frozen due to sanctions or bankruptcy.

Name: National ID / Passport No: Date:

.....(Signature)

## Part 7. Documents required for Accident / Health / Travel Claims

\*\* please include all relevant documents with your claim form depending on the type of claim shown below. Where original documents are required, please mail them with your claim form to: Tune Insurance Company Limited, 3199 Maleenont Tower, 14th Floor, Rama IV Road, Khlong Tan, Klong Toei, Bangkok 10110, Thailand

Type of Claim/Documents	COVID Infection / Vaccination	Critical Illness / Diabetes	Death	Dismemberment and Loss of Sight	Funeral Expense	Medical Expenses/ Hospital Income/ Travel Evacuation and Repatriation	Permanent disability*	Trip Delay / Cancellation / Curtailment / Missed Connection / Baggage / Personal Items
Completed Claim form (copy)	$\checkmark$	√	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	V
National ID Card or Passport for claimant and all beneficiary (certified copy) including any proof of name change	V	V	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	V
Original Receipt listing the expenses or summary of the bill receipt.	$\checkmark$				$\checkmark$	$\checkmark$		V
Medical Certificate/ Reports (copy)* Disability claims require separate disability form and medical examination form	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	
Police report (copy)			$\checkmark$	√			V	
Autopsy or post mortem report (copy)			$\checkmark$		$\checkmark$			
Death certificate (certified copy)			$\checkmark$		V			
Photographs of event (copy)				V			√	
Benificiary details and proof of relationship to insured or property owner (copy)			V	$\checkmark$	$\checkmark$		~	
Bank account book (copy)	√	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Diagnostic / lab tests (copy)	$\checkmark$	$\checkmark$				$\checkmark$		
Copy of RT-PCR Covid Test Result (must be RT-PCR test)	$\checkmark$							
Travel itinerary (copy)	$\checkmark$							$\checkmark$
New ticket purchase for curtailment/ delay (copy)								V
Proof of damage / delayed or lost baggage (copy)								$\checkmark$
Repair Estimate (copy)								$\checkmark$
Replacement Estimate (copy)								V
Other related documents (if any), please mention document(s) name 1. 2. 3.								