



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

Instructions & Important Note:

- Please tick (v) & 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.

Part 1. Policy, Claim, and Insured Details

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:	<input type="checkbox"/> ACCIDENTAL DEATH <input type="checkbox"/> DISMEMBERMENT & LOSS OF SIGHT <input type="checkbox"/> PERMANENT DISABILITY <input type="checkbox"/> FUNERAL EXPENSE <input type="checkbox"/> TRIP CANCELLATION / DELAY / MISSED CONNECTION <input type="checkbox"/> BAGGAGE DELAY / DAMAGE <input type="checkbox"/> LOSS OF PERSONAL ITEMS / MONEY / DOCUMENTS	<input type="checkbox"/> MEDICAL EXPENSES (OPD / IPD) <input type="checkbox"/> EMERGENCY EVACUATION / REPATRIATION <input type="checkbox"/> LEGAL LIABILITY (TRAVEL) <input type="checkbox"/> COVID INFECTION / VACCINATION <input type="checkbox"/> HOSPITAL INCOME BENEFIT <input type="checkbox"/> CRITICAL ILLNESS <input type="checkbox"/> DIABETES
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 details of other insurance currently active

1. Name of Insurance Company	2. Policy Number(s):
3. Type of Insurance Please tick (v) all that apply	<input type="checkbox"/> Health <input type="checkbox"/> Travel <input type="checkbox"/> Personal Accident <input type="checkbox"/> Life <input type="checkbox"/> Other

Part 4. Details of the Claim

1. Cause of event ** please provide the complete details of the cause	
2. If caused by Accident	
a. Date & Time of Accident	
b. Place of Accident	
c. Nature of Accident?	
d. Extent of Injury (if Personal)	

Part 5. Request for Overseas Telegraphic Transfer (TT Payment)

Insured Name & Address	Account Holder Name : (Insured only)	
	Address : (Address in your country of residence)	
Your Bank Details	Number of Bank	
	Branch and Address of Bank	
	Account Number :	
	Routing Number :	
	Currency	
	Bank Code :	SWIFT Code :
	IBAN Code :	

Part 6. Declaration & Authorization (must be signed by insured, claimant 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 transferred 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)

