



Claimant's Statement Form (Fire / IAR / Property / Liability)

- 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.

Part 1. Policy, Claim, and Insured Details

Policy Number Please indicate your policy number from the certificate you received		Claim Type Please tick (✓) all benefits you are claiming	
POLICY NUMBER:		<input type="checkbox"/> HOMEOWNER / RENTAL PROPERTY DAMAGE <input type="checkbox"/> FIRE / PROPERTY DAMAGE <input type="checkbox"/> INDUSTRIAL ALL RISK / COMMERCIAL PROPERTY (IAR) <input type="checkbox"/> PUBLIC LIABILITY	
1. Insured or Company Name			
2. Insured Date of Birth (if Applicable) (if under 20, please include proof of document for parent or guardian ID or passport if foreigner)		3. National ID or Passport No (Passport if foreigner)	
4. Insured or Company Telephone No.		5. E-mail Address	
6. Insured Residential or Company Address			

Part 2. Details of Claimant or Beneficiary (if different from Part 1) – If more than two beneficiaries, please include additional beneficiary information on separate page

Name	National ID / Passport No	Email address / Telephone No	Residential / Company 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 (✓) all that apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Property	IAR	Public Liability	Fire
				Other

Part 4. Details of the Claim

1. Cause of event* * please provide the complete cause of the event	
a. Date & Time of Event	
b. Place of Event	
c. Any Police Report made?	
d. If NO police report was made, please describe briefly how the event occurred	

4.1 For Property Damage / Fire / Industrial All Risk (IAR) claims, the following must be completed (include additional pages if needed)

Type of Property: House/Apartment/Condo Factory/Shop Office Is the property rented or owned? Rented Owned

If rented, please provide name and telephone number of occupant if different than insured:

Description of Damaged Item	Date of Purchase or Age of Property At Time of Loss	Cost to Repair or Replace (Estimate - in Thai baht)	Value of Salvage (in Thai baht)	Net Amount of Claim (in Thai baht)

4.2 For Public Liability claims, the following must be completed

Please provide date of alleged event and date when legal action was first taken:

Date of Event:

Part 5. Claim Payment via Electronic Fund Transfer (EFT)

Important Notes:

- (i) This Electronic Fund Transfer (EFT) facility allows payment into your own bank account. Joint Accounts are not allowed.
- (ii) If there is more than one (1) beneficiary, each claimant MUST complete a separate form

1. Name of Account Holder																						
2. National ID / Passport No																						
3. Name of Bank																						
4. Bank Branch Address																						
5. Bank SWIFT and IBAN Code (for international bank accounts outside Thailand only)	<input type="checkbox"/> SWIFT Code: _____ <input type="checkbox"/> IBAN Code: (if required by country) _____																					
6. Bank Account No.	<table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																					
7. Type of Bank Account (Own Account)	<input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account																					

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.

.....(Signature)

Name:
National ID / Passport No:
Date:

Part 7. Documents required for Fire / IAR / Property / Liability 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

	Fire / IAR / Property / Public Liability
Completed Claim Form (copy)	√
Photos of Damage (copy)	√
In case of Repairs: • Quotation with breakdown details & scope of repair work **for any repairs already made, original invoices and receipts are required for consideration	√
In case of Total Loss: • Quotation for New Replaced Property with full details of use and capacity (copy) • Technical/Adjuster/s Report **for any property already replaced, original invoices and receipts are required for consideration For Damaged Contents, please provide: • Purchase date and years of use • How item was used (capacity of item)	√
Police Report (in case of Theft / Burglary / Malicious Act – copy)	√
Other related documents (if any), please mention document(s) name 1. 2. 3.	√