



Policy No.		Claim No.	
<i>(This part must be completed by insured)</i> Tune Protect Travel Insurance by AirAsia : Claim Form			
Policy	Type of insurance plan purchased: <input type="checkbox"/> Domestic Plan <input type="checkbox"/> International Plan		
	<input type="checkbox"/> One-way Plan <input type="checkbox"/> Return-Trip Plan		
Date of insurance purchased:			
Insured Person Details	Passenger Name:		
	Gender:	Age:	ID Card / Passport No.:
	Address:		Postal Code:
	Telephone No.:		E-mail address:
Flight details	Booking No.(PNR):		
	Departing date :	Airport :	to
	Flight No.:	Time :	to
	Arriving date :	Airport :	to
	Flight No.:	Time :	to
Details of child if claim is for child	Name:		Age:
	Gender:		Birth Certificate No.:
	<i>(Please provide copy of the birth certificate)</i>		
<i>Please tick in the box the type of benefits you are claiming:-</i>			<u>Amount Claimed</u>
<input type="checkbox"/> PERSONAL ACCIDENT (please select below)			
<input type="checkbox"/> Accidental Death			
<input type="checkbox"/> Total Permanent Disability			
<input type="checkbox"/> Accidental Dismemberment			
<input type="checkbox"/> FLIGHT CANCELLATION			
<input type="checkbox"/> TRIP CURTAILMENT (Return-Trip Plan apply only)			
<input type="checkbox"/> ON-TIME GUARANTEE			
<input type="checkbox"/> LOSSOF BAGGAGE or PERSONAL EFFECTS			
<u>Description:</u> <u>Date & Place Purchased</u> <u>Original Cost</u>			
1)			
2)			
3)			
4)			
<input type="checkbox"/> FLIGHT DELAY/COMMON CARRIER DELAY			



Tune Protect Travel Insurance by AirAsia: Claim Form (Continued)

	<u>Amount Claimed</u>
<input type="checkbox"/> MISSED FLIGHT CONNECTION	
<input type="checkbox"/> BAGGAGE DELAY	
<input type="checkbox"/> MEDICAL EXPENSE	
<input type="checkbox"/> EMERGENCY MEDICAL EVACUATION & REPATRIATION	
<input type="checkbox"/> LOSS OF PERSONAL MONEY	
<input type="checkbox"/> LOSS OR DAMAGE TO TRAVEL	
<input type="checkbox"/> PERSONAL LIABILITY	

Accident / Incident / Loss	Date & Time of accident:
	Place of accident/Country:
	Please describe how accident occurred:
	Name and address of any witness:
	Nature and extent of injuries:
Place of police report made:	Police Report No:

I/We hereby warrant that the above statements are true and correct and that I/We have not withheld from the Company any material information in connection with this claim. I/We further authorize the release of further medical information by the doctor should the Company require it. Any Photostat copy of this authorization shall be as effective and valid as the original.

(For officer only)	<p style="text-align: center;">..... (.....) Signature of Insured Person or Legal Representative Date/...../..... NRIC/Passport No : Relationship with Insured Person : (If signed by Legal Representative)</p>
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If the insured want to transfer to bank account :-

International transfer payment :-

1) Name of account holder(claimant):.....	5) SWIFT Code :.....
2) Account Number:.....	6) Currency :.....
3) Bank name:.....	7) Insured Address :.....
4) Bank address :.....	8) Currency:

Thailand transfer payment :-

Account type : Saving Current Bank name :..... Branch :.....

Name of account holder(claimant) :..... Account No :

***Please attach a copy of book bank with certified the document ***



Claim Supporting Documents Guide for Travel Insurance claims

Basic documents required (original) :-

- 1) Completed Claim Form
- 2) Air Ticket & Boarding Pass
- 3) Travel Itinerary
- 4) Invoice (stating airfare and paid insurance premium)

Other documents (original unless stated) and information required for each of the following benefits of claim :-

- 1) **Accidental Loss of Life/ Total Permanent Disability/ Dismemberment:-**
 - 1.1) Death Certificate (Original or Certified True Copy)
 - 1.2) Police Report (Original or Certified True Copy)
 - 1.3) Insured Person's Identity Card and House Register with "Dead" stamp (Original or Certified True Copy)
 - 1.4) Insured Person's Passport or evidence of the journey (Original or Certified True Copy)
 - 1.5) Autopsy Report (Original or Certified True Copy)
 - 1.6) Beneficiary's Identity Card and House Register (Original or Certified True Copy)
 - 1.7) Report confirming such Total Permanent Disability or Dismemberment from doctor or physician
- 2) **Flight Cancellation:-**
 - 2.1) Doctor/ Physician's report describing significant symptoms, diagnosis and result of treatment
 - 2.2) Death Certificate
 - 2.3) Letter from the commercial airline stating the amount charged by the airline
 - 2.4) Birth Certificate, Marriage Certificate or other related documents to identify relationship in case caused from spouse, child or relatives
- 3) **Trip Curtailment:-**
 - 3.1) Doctor/ Physician's report describing significant symptoms, diagnosis and result of treatment
 - 3.2) Death Certificate
 - 3.3) Letter from the commercial airline stating the amount charged by the airline
 - 3.4) Birth Certificate, Marriage Certificate or other related documents to identify relationship in case caused from spouse, child or relatives
 - 3.5) Copy of Receipt from Air Asia incurred from flight re-scheduling with boarding pass
 - 3.6) Copy of Receipt from other airline from flight re-scheduling with boarding pass
- 4) **On-Time Guarantee:-**
 - 4.1) Boarding Pass
 - 4.2) Necessary documents required by company
- 5) **Baggage or Personal Effects:-**
 - 5.1) Property Irregularity Report issued by Air Asia (stating the Damage or Loss to baggage/ Personal Effects)
 - 5.2) Photos of Damage or Loss of baggage/ Personal Effects
 - 5.3) Quotation/ Receipt of Damage or Loss of baggage/ Personal Effects
 - 5.4) Baggage Tags
 - 5.5) Local Police Report (Original or Certified True Copy), if the loss or damage occurs under threat or use of violence
- 6) **Flight Delay/or Common Carrier Delay:-**
 - 6.1) Necessary documents required by company
 - 6.2) Written notice from the Common Carrier or agent confirming the date, reason for and length of the delay
- 7) **Missed Flight Connection:-**
 - 7.1) All air tickets and boarding passes of the connecting flight
 - 7.2) Necessary documents required by company
- 8) **Baggage Delay:-**
 - 8.1) Baggage Tags
 - 8.2) Written documents or letter issued by AirAsia or carrier management (Irregularity Report)
- 9) **Medical Expense:-**
 - 9.1) Doctor/ Physician's report describing significant symptoms, diagnosis and result of treatment
 - 9.2) Original receipt with description of medical expenses or summary statement of medical expenses and receipt
- 10) **Emergency Medical Evacuation & Repatriation**
 - 10.1) Contact Asia Assistance 24-Hours-Hotline +662 203 9798



Claim Supporting Documents Guide for Travel Insurance claims

Other documents (original unless stated) and information required for each of the following benefits of claim:-

11) Loss of Personal Money:-

- 11.1) Claim forms prescribed by the Company
- 11.2) Copy of the Insured Person's or evidence of the journey
- 11.3) Copy of Local police report where applicable
- 11.4) Necessary documents required by company

12) Loss or Damage to Travel Document:-

- 12.1) Claim forms prescribed by the Company
- 12.2) Copy of the Insured Person's passport or evidence of the journey
- 12.3) Local police report, if the loss or damage occurs under threat or use of violence
- 12.4) Original receipt with description of expenses or summary statement of expenses and receipt
- 12.5) Written documentation from the carrier management or hotel, if the loss or damage occurs while under the care and control of the carrier staff or hotel including copy of receipt of refund from carrier or hotel
- 12.6) Necessary documents required by company

13) Personal Liability:-

- 13.1) Claim forms prescribed by the Company
- 13.2) Copy of the Insured Person's passport or evidence of the journey
- 13.3) Copy of Local police report where applicable
- 13.4) Necessary documents required by company