

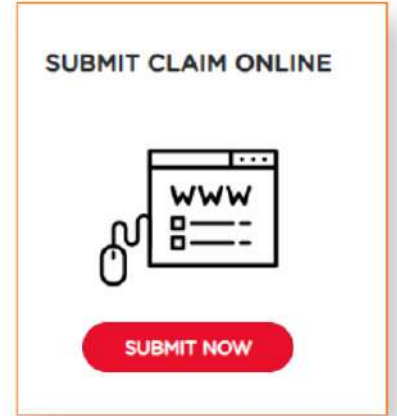
خطوات تقديم مطالبة خاصة بالتأمين السفر

الخطوة 1:

<https://www.tuneprotect.com/emeia/claim/>

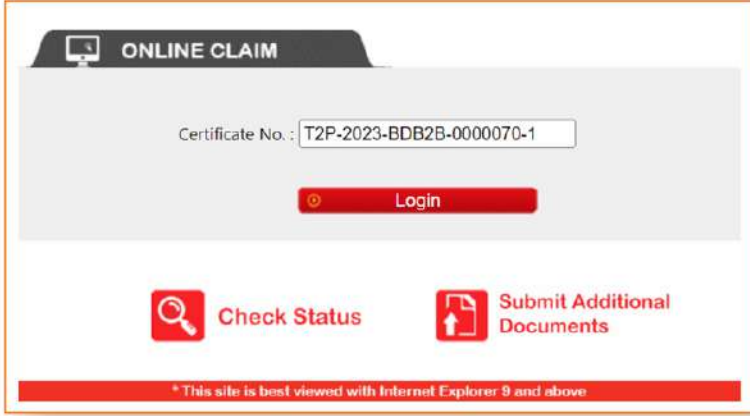
الخطوة 2:

اختر **Submit Claim Online**
واضغط على **Submit Now**



الخطوة 3:

أدخل رقم الوثيقة / شهادة التأمين
واضغط على **Login**



الخطوة 4:

الموافقة على الشروط والأحكام

I understand that the access to and/or use of the ECEP are subject to my acceptance of terms and conditions aforementioned.

As such, I hereby accept and agree to comply with the said terms.

Accept

Do Not Accept

الخطوة 5: حدّث البيانات الشخصية

Personal Details (All fields are mandatory)

Insured Name : AMIR SHAMS ▾
Date of Birth (dd/mm/yyyy) : 18/02/1977
 : ID Passport
Identity No. : M1141443

Claim submission on behalf of someone is NOT allowed

Claimant Name (as per ID or Passport) :
Identity Type : ID Passport
Identity No. : AMIR SHAMS
Home Phone : 2345632345
Office Phone : 34563556
Mobile Phone : 96589545045
Email Address : vivek@tuneprotect.com
(An email acknowledgement will be sent to this email address)

Mailing Address : Dubai 50001

الخطوة 6: حدّث البيانات المصرفية

Claimant's Bank Details

Bank Name : Abu Dhabi Commercial Bank ▾
 Please tick if your bank is not in the listing above
Bank Location * : Abu Dhabi
SWIFT Code or Bank Identification Code (BIC) * : AADADCB
IBAN No. : AS1223434534
Bank Account No. * : 1223443543
Bank Account Holder Name * : AMIR SHAMS

** Please ensure the accuracy of name & account number to avoid delay in payment
* Payment can only be made to Policyholder*

الخطوة 7: حدّث تفاصيل الرحلة

Flight Details

Passenger Name Record (PNR) / Booking No. : NA
Certificate No. : T2P-2023-8DB2B-0000070
Plan Type : Inbound, Silver (Covid Plus)
Flight No. : - 0
Scheduled First Departure Date : 29/01/2023 12:00 AM
Scheduled Return Date : 06/02/2023 12:00 AM
Place of incident of loss : Dubai

Incident Date : 17/01/2023 Time: 12:00 AM ▾

الخطوة 8: اختر نوع المطالبة

Type of Claims (You can submit up to 3 claim benefits per claimant)

You are only eligible to claim for the benefits below as the benefits listed are based on the type of Plan you had purchased. For more information, you may refer [here](#).

Personal Accident Benefits

Accidental Death & Permanent Disablement

Medical Benefits

Accidental & Sickness Medical Reimbursement

Follow up Treatment In Home Country

Evacuation & Repatriation Benefits

Emergency Medical Evacuation

Repatriation of Mortal Remains

** This section is Not Applicable If Asia Medical Assistance Pvt. Ltd (AMA) had provided the services in regard to Medical Evacuation or Repatriation.*

Travel Inconvenience Benefits

Loss of Travel Documents

Baggage Benefits

Loss of Baggage & Personal Effects

Other Travel Related Benefits

Personal Liability

Home Away Protection

Mugging

الخطوة 9: مّل جميع المستندات ذات الصلة

Supporting Documents

Please note:

1. Dependent upon the circumstances, we may require other evidence to support your claim in which case we will contact you.
2. Failure to provide the supporting documents may result in a delay of your claim.
3. Please provide translation if the supporting document is not in English, at your own expense.
4. Click on the 'Attach Document' button to attach all the selected documents at once.
5. Total document size should not exceed 10 MB.

The following checklist will help you to compile the documents required to support your claim.

1. Copy of Flight Itinerary
 No file chosen
2. Certificate of Insurance
 No file chosen
3. Original medical report from the attending doctor
 No file chosen
4. ** Original medical report from the treating doctor
 No file chosen
5. ** Original medical bills or invoices
 No file chosen
6. ** Original receipts issued by clinic or hospital
 No file chosen
7. Duly completed Claim Form
 No file chosen

الخطوة: 10

Submit الموافقة على الإقرار والضغط على

**** Please send the original receipts and bills to the address below:**

AMA GLOBAL UAE
Level 41, Emirates Towers
Sheikh Zayed Road, Dubai, UAE
PO Box 31303
+971 4 4203920

No document attached

DECLARATION

I declare that the particulars stated above are true and correct and I understand that if I have in this or any further declaration in respect of this claim, make any false or fraudulent statement or suppress, conceal or falsely state any material fact whatsoever my claim may be refused. I further confirm that to my knowledge the amount claimed is the full and final amount as relates to this Tune Protect Travel Insurance claim.

By completing and submitting the above online form, you are deemed to have agreed and submit this claim via the E-Customer Experience Portal.

بعد تقديم مطالبتك:

- التأكيد: ستتلقى رسالة تأكيد إلكترونية فورية بمجرد تقديم مطالبتك
- مراجعة المستندات: سيقوم فريق المطالبات لدينا (AMA) بمراجعة المستندات التي قدمتها والتحقق منها
- المتابعة للمستندات المعلقة: إذا كانت هناك أي مستندات ناقصة، فسيتواصل معك فريق (AMA) لطلبها
- إشعار بحالة المطالبة: سيقوم فريق (AMA) بإبلاغك بحالة مطالبتك (سواء تم رفضها أو الموافقة عليها، عبر البريد الإلكتروني)
- التفاصيل المصرفية للمطالبات الموافقة عليها: في حال تمت الموافقة على مطالبتك، سيقوم فريق (AMA) بعد ذلك بجمع تفاصيل حسابك المصرفي لغرض السداد
- تحويل مبلغ التعويض: يتم تحويل مبلغ السداد الموافقة عليه إلى حسابك المصرفي بالدولار الأمريكي خلال 14 يوم عمل من تاريخ الموافقة