

TUNE GUARD CLAIM FORM

- The issuance of this form is not to be construed as an admission of liability on the part of the Company.
- Each question must be answered fully and completely. If insufficient space is provided for your answers, please continue on a separate sheet.
- All claim documents are to be submitted electronically. Kindly keep the original copies for all the documents submitted for a period of 6 (six) years, or longer if so notified by the Company. You will be required to produce the original copies of the said documents if so requested by the Company at any time.

Name of Insured		
Certificate of Insurance		
Plan Purchased	Tune Guard Basic Plan	☐ Tune Guard Premier Plan
Correspondence Address		
Telephone / Contact No.		
Email Address		
IC No / Passport Number		
Incident Date & Time		
Brief of Incident		
Total Value of Loss (RM)		

IMPORTANT TERMS AND CONDITIONS

- To notify the Company in writing as soon as possible but not later than fourteen (14) days after any event
 which may give rise to such claim by filling up the claim form as provided by the Company;
- To furnish to the Company in writing, at the Policyholder's own costs and expenses, any evidence and proof
 including but not limited to information, particulars, accounts, original receipt, invoices, police reports,
 Insured Person's statements, certificate of insurance, and any other documents as the Company may
 require and shall be in such form and of such nature as the Company may prescribe.
- The completion and submission of this claim form shall not be construed as an admission of liability on the part of the Company.
- Please answer each question fully and completely. If insufficient space is provided for your answers, please continue on a separate sheet.
- The company may request for further information or documents to support this claim
- All claim documents are to be submitted electronically. Kindly keep the original copies for all the documents submitted for a period of 6 (six) years, or longer if so notified by the Company. You will be required to produce the original copies of the said documents if so requested by the Company at any time.

Please produce for the Company's examination pertinent documents at such reasonable times and co-operate with the Company in all matters pertaining to any loss and/or claims. Failure to comply with this condition may render the claim inadmissible.



DECLARATION

I/we acknowledge that I/we have accessed and/or read the Privacy Notice of the Company (available at all of the Company's branch customer service counters and/or the Company's website) and agree to the processing of my/our personal data in the manner specified therein. I/we also consent to the collection, further processing and disclosure of my/our sensitive details herein for the purpose of processing claims and making the related payments.

I/We understand and agree that any personal information collected or held by the Company (whether contained in this application or otherwise obtained) may be held, used and disclosed by the Company to individuals/organizations related to and associated with the Company or any selected third party (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations/federations) for the purposes of processing this application/claim and providing subsequent service for this purpose. I/We understand that I/we have a right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made to the Company's Customer Service Center.

I/We hereby declare that the above statements and particulars are correct and complete in every respect, and I/We have not concealed, misrepresented or misstated any material fact.

I/We agree that if such statements and particulars are written by any other person, such person shall be deemed to have been my/our Agent for the purpose of filling in this form and his statement shall be binding upon me/us

I/We hereby acknowledge and understand the requirements for sharing, processing, retention and amendment by way of the Personal Data Protection Act 2010 and agree to give my fullest co-operation to the Company or its representative in relation to this claim

Signature	Name
	Date

Tel 1-800-88-5753 Fax +603 2094 1366 Website tuneprotect.com



AUTHORIZATION FORM TO REGISTER FOR PAYMENT BY DIRECT CREDIT TO BANK ACCOUNT

I/We hereby authorize Tune Protect Malaysia Insurance Malaysia Berhad (Tune Protect Malaysia) to credit all my/our payments to my/our bank account indicated below:

- 1. I/We hereby declare that the information given below is true and accurate to the best of my/our knowledge and records.
- 2. I/We understand that Tune Protect Malaysia will rely, and act based on the given information contained herein.
- 3. I/We shall indemnify Tune Protect Malaysia and its banker(s) against any loss and/or damage howsoever arising from any matters in relation to Fund Transfer requested by me/us herein including but not limited to error/incorrectness/inaccuracies of the information provided, delayed payment(s) and any other circumstances beyond the control of Tune Protect Malaysia and/or its banker(s).
- 4. I/We understand and acknowledge that Tune Protect Malaysia has the right to collect the/my/our information. By signing the authorization form, I/We consent to Tune Protect Malaysia using and disclosing my/our personal information for the purpose stated here. I/We also agree to provide information necessary to verify any statement given on this authorization form and to update information promptly to Tune Protect Malaysia.
- 5. I/We understand and acknowledge that my/we providing the bank details does not tantamount to Tune Protect Malaysia having admitted liability towards my/our claim under the relevant insurance policies but is only to facilitate the safe receipt of any monies that is due to me/us.

Account Details

Account Name (Beneficiary Name)		
Business Registration No./NRIC		
Bank Name		
Bank Account Number	Swift Code	
Email Address	Mobile number	