



PERSONAL ACCIDENT CLAIM FORM

- 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 provided.
- 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.

PARTICULARS OF INSURANCE

Policy No

INSURED'S PARTICULARS

| | |
|--|--|
| Name | NRIC No |
| Business / Occupation | Tel. No |
| | Contact Person |
| | Email Address |
| Claimant's Name (if claimant is a dependent / member of a group policy) | |
| Claimant's Occupation & Nature of Work | Date of Employment: |
| Is claimant entitled to any claim against Workman's Compensation benefits / SOCSO / Medical benefits from any other insurer? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please state Insurance Company and policy details | |

ACCIDENT CLAIM

| | |
|---|--|
| Date & Time of the Accident. | Place of Accident. |
| Describe briefly how it happened. | Describe briefly the injuries sustained. |
| Please give name of persons who witnessed the accident (if any) | |

Tune Protect Malaysia

Tune Insurance Malaysia Berhad
Company No.: 197601004719 (30686-K)
Level 9, Wisma Tune, No 19, Lorong Dungun, Damansara Heights, 50490, Kuala Lumpur
Tel +603 2087 9000 Fax +603 2094 1366 Website tuneprotect.com

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

I/We hereby authorize Tune 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 |

AUTHORIZATION TO PHYSICIAN, HOSPITAL OR CLINIC TO RELEASE INFORMATION

I hereby authorize any legally registered physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated, to give full particulars about my health including my whole medical history to the Company for the purpose of processing this submitted claim.

I further authorize any insurance company and its authorized representatives to release all information and documents pertaining to my policies including all previous and current claim details to the Company.

A photocopy of this authorization shall have the full effect of the original authorization.

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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 |

CHECKLIST ON THE REQUIRED SUPPORTING DOCUMENTS TYPE OF CLAIM

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

- Please note:
- Please tick against the documents you have submitted
 - Dependent upon the circumstances, we may require other evidence to support your claim; in which case we will contact you.
 - Failure to provide the supporting documents may result in a delay of your claim.

Compulsory Documents for all claims

- Duly completed claim form
- Attending doctor's report
- Copy of police report and valid driving license at the time of accident (applicable for motor vehicle accident only)

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| Type of Benefit | Additional Documents Required |
|-----------------------|--|
| Medical Expenses | <input type="checkbox"/> Original Medical Bills and Receipts (inclusive deposit receipt) <input type="checkbox"/> A copy of the assessment / settlement letter from the other insurer, if claiming for excess amount <input type="checkbox"/> X-ray and / or MRI reports, if any (Claim below RM500, doctor may write the diagnosis on the receipt). |
| Weekly Benefit | <input type="checkbox"/> Original or Certified True Copy of Medical Sick Leave Certificate |
| Permanent Disablement | <input type="checkbox"/> Specialist report confirming the permanent disablement <input type="checkbox"/> Photographs depicting the amputation of the affected limb (s) <input type="checkbox"/> X-ray and / or MRI Reports, if any |
| Accidental Deaths | <input type="checkbox"/> Detail Post-Mortem Report <input type="checkbox"/> Toxicology Report, where applicable <input type="checkbox"/> Death Certificate <input type="checkbox"/> Police Report <input type="checkbox"/> Newspaper cutting of the incident, where applicable <input type="checkbox"/> Burial or Cremation Permit <input type="checkbox"/> Copy of Deceased identity's card <input type="checkbox"/> Copy of Named Nominee (s) Claimant's Identity Card <input type="checkbox"/> Copy of Marriage / Birth Certificate, where applicable <input type="checkbox"/> Letter of Administration / Distribution Order / Sijil Faraid / - when there is no nomination <input type="checkbox"/> Any other available medical reports or documents to substantiate the claim <input type="checkbox"/> Copy of Deceased employment's letter and last three months salary Slip (applicable for Group PA only) |