HOSPITALISATION CLAIM FORM – BY CLAIMANT

SECTION A

Every question must be fully answered and Etiqa Family Takaful Berhad ("Company") reserves the right to require further information should it deem necessary. Submission of this Claim Form does not guarantee admission of liability.

Certificate Number: …….. Agent / Intermediaries Name & Contact: ……..……

Please tick (√) the relevant benefit in the box below:

☐ Hospitalisation & Surgical Claim (H&S / GHS) ☐ Hospitalisation Benefit Claim (HB / HIB/ HCB)

☐ BOTH Hospitalisation & Surgical Claim (H&S) AND Hospitalisation Benefit Claim (HB / HIB/ HCB)

☐ Outpatient General Practitioner (GP) ☐ Outpatient Specialist Claim (SP)

Claimant's Details :

Name of Claimant: ……..…….

Claimant's NRIC No: .....

Name of Patient (If other than Claimant): ……NRIC No: ……..……...

Type of Illness / Medical Condition: ……Signs/symptoms (condition) since (dd/mm/yy): ……..……

Date & Time of Injury (for accidental case): …… Date first consultation: ……

Mobile Phone No: …….…… House No:……Email Address: ……..

Please state bank account details in order for us to credit the payment directly into Claimant's bank account.

Bank : …… Account No: ……..…….....

Bank Account Holder Name: ……..…….....

NRIC No (as per account bank; for payment to individual) : ……..…….....

Company Registration No (for payment to company) : ……..…….....

The Payment which has been made based on the account details provided by you will be deemed as full payment and we shall be discharged from any existing and future claim and demand in relation to it.

CLAIMANT'S DECLARATION & AUTHORISATION

1) I hereby declare that the foregoing answers and statements of myself and/or Person Covered are complete and true to the best of my knowledge and belief, and that I have withheld no material facts from the Company;
2) I hereby authorize any medical practitioner, surgeon person, hospital, clinic and any other institution or organization to furnish to the Company or its representative any information that maybe required concerning my/or Person Covered's health conditions, for settlement of this claim. I agree that the Company or its representative to use, store, transfer and/or disclose any of the information to all such persons (including the employer when claiming under Group Certificate) for the purpose of processing the claim;
3) I agree, consent and allow the Company to process my personal data (including sensitive personal data) ('Personal Data') for the purpose of processing this claim, in compliance with the provisions of the Personal Data Protection Act 2010; and
4) I agree that a photocopy of this authorization shall be considered as effective and valid as original.

_____ _____

Signature of Claimant / Person Covered Signature of Claimant (if other than the Person Covered)

Date : _____ Date : _____

Full name: _____ Full name : _____

Etiqa Family Takaful Berhad (199301011506)
(Licensed under Islamic Financial Services Act 2013 and regulated by Bank Negara Malaysia)
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Ahli Kumpulan Maybank

eTiQa Family Takaful

CLAIM SUBMISSION CHECKLIST

1. Inpatient claims / Government Hospital Cash Allowance Claims

- 1.1 ☐ Claim From (Section A)
- 1.2 ☐ Statement of Medical Examiner (Section B)
- 1.3 ☐ Original Bill (s) - Itemised bill
- 1.4 ☐ Original Receipts, including deposit and refund receipt (COMPULSORY)
- 1.5 ☐ Certified True Copy of Claimant's NRIC AND Person Covered OR Passport Information Page (for Non Malaysian)
- 1.6 ☐ Copy of all laboratory result, x-ray, MRI, CT Scan, Ultrasound, HPE ; if any

Other:

- ☐ Claim settlement from another insurer or takaful operator if claiming balance amount or medical plan with deductible
- ☐ Certified True Copy of Passport for Oversea Claims (arrival and depature including passport holder information)

2. Pre-Post Hospitalisation / Outpatient Kidney Dialysis / Cancer Treatment Claims

- 2.1 ☐ Claim From (Section A)
- 2.2 ☐ Statement of Medical Examiner (Section B) - ONLY for Outpatient Kidney / Cancer Treatment
- 2.3 ☐ Original Bill (s) - Itemised bill
- 2.4 ☐ Original Receipts, including deposit and refund receipt (COMPULSORY)
- 2.5 ☐ Certified True Copy of Claimant's NRIC AND Person Covered OR Passport Information Page (for Non Malaysian)

3. Emergency Outpatient Treatment Claims (Accident / Sickness)

- 3.1 ☐ Claim From (Section A)
- 3.2 ☐ If total bill less than RM 500, doctor to endorse the diagnosis, treatment date and time; date of accident (if applicable)
- 3.3 ☐ If total bill more than RM 500, need complettion of statement of Medical Examiner (Section B)
- 3.4 ☐ Certified True Copy of Claimant's NRIC AND Person Covered OR Passport Information Page (for Non Malaysian)
- 3.5 ☐ Original Bill (s) - Itemised bill
- 3.6 ☐ Original Receipts, including deposit and refund receipt (COMPULSORY)

4. Funeral Expenses / Death Benefits

- 4.1 ☐ Claimmant's statement - Death Claim
- 4.2 ☐ Death Certificate / Burial Permit
- 4.3 ☐ Marriage / Birth Certificate
- 4.4 ☐ Certified True Copy of Claimant's NRIC AND Person Covered OR Passport Information Page (for Non Malaysian)

5. Outpatient Claims Clinic / * Specialist

- 5.1 ☐ Claim From (Section A)
- 5.2 ☐ Medical record - Confirmation from attending physician:- date & time of treatment, type of illness / diagnosis
- 5.3 ☐ Original Bill (s) - Itemised bill
- 5.4 ☐ Original Receipts, including deposit and refund receipt (COMPULSORY)
- 5.5 ☐ Certified True Copy of Claimant's NRIC AND Person Covered OR Passport Information Page (for Non Malaysian)
- * ☐ Referrel letter (COMPULSORY) - except for direct access benefit
- * ☐ Copy of all laboratory result, x-ray, MRI, CT Scan, Ultrasound, HPE ; if any
- * ☐ Xray / MRI Scan / Ultrasound

6. HB / HIB / HCB

- 6.1 ☐ Claim From (Section A)**
- 6.2 ☐ Statement of Medical Examiner (Section B)
- 6.3 ☐ Copy of all laboratory result, x-ray, MRI, CT Scan, Ultrasound, HPE ; if any
- 6.4 ☐ Xray / MRI Scan / Ultrasound
- 6.5 ☐ Original Bill (s) - Itemised bill **
- 6.6 ☐ Certified True Copy of Claimant's NRIC AND Person Covered OR Passport Information Page (for Non Malaysian)
- 6.7 ☐ Discharge Note **

** Applicable for cerficate in force more than 1 year OR from cerficate issue / reinstatement date (whichever is later), subject of the following:-

1) Admission not more that 3 days
2) HB claim amount < RM 600.00

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