

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 departure 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 completion 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 ☐ Claimant'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)
- * ☐ Referral 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 certificate in force more than 1 year OR from certificate issue / reinstatement date (whichever is later), subject of the following:-

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