



Checklist for Submission of Individual & Group Health Claims

Certificate Number :
Person Covered :

Agent/ Broker/ Agency Name :
Agent/ Broker/ Agency contact number :

1. Inpatient Claims/ Day Surgery

- 1.1 ☐ Claim Form - Hospitalisation & Surgical by claimant (Section A)
- 1.2 ☐ Statement of Medical Examiner (Section B)
- 1.3 ☐ Original Bill(s)
- 1.4 ☐ Original Receipts , including deposit and refund receipt (COMPULSORY)
- 1.5 ☐ Copy of all laboratory result, x-ray, MRI , CT scan, ultrasound , Histopathology report ; if any
- 1.6 ☐ Certified True Copy of Claimant's NRIC or Passport Information page (for Non Malaysian)

Others :

- ☐ 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. Out Patient Claims - Pre & Post Hospitalisation / Outpatient Kidney Dialysis / Cancer Treatment

- 2.1 ☐ Claim Form - Hospitalisation & Surgical by claimant (Section A)
- 2.2 ☐ Statement of Medical Examiner (Section B) - ONLY for outpatient Kidney / Cancer Treatment
- 2.3 ☐ Original bill(s)
- 2.4 ☐ Original Receipts , including deposit and refund receipt (COMPULSORY)
- 2.5 ☐ Certified True Copy of Claimant's NRIC or Passport Information page (for Non Malaysian)

3. Emergency Outpatient Treatment Claims (Accident / Sickness)

- 3.1 ☐ Claim Form - Hospitalisation & Surgical by claimant (Section A)
- 3.2 ☐ If total bill less than RM500, doctor to endorse the diagnosis, treatment date and time ; date of accident (if applicable)
- 3.2 ☐ If total bill more than RM500, need completion of Statement of Medical Examiner (Section B)
- 3.3 ☐ Certified True Copy of Claimant's NRIC or Passport Information page (for Non Malaysian)
- 3.4 ☐ Original bill(s)
- 3.5 ☐ Original Receipts , including deposit and refund receipt (COMPULSORY)

4. Funeral Expenses / Death Benefits

- 4.1 ☐ Death Certificate / Burial Permit
- 4.2 ☐ Claimant's statement - Death Claim
- 4.3 ☐ Marriage / Birth Certificate
- 4.4 ☐ Certified True Copy of Claimant's NRIC

Please submit complete claim documents to :

Etiqua Family Takaful Berhad,
Level 17, Tower B,
Dataran Mayabnk
No1 , Jalan Maarof,
59000 Kuala Lumpur.
Tel: 03-2785 6055 (Monday to Friday)

For EMBG Use

Received and checked by :

Date :