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)

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 Phone 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) :…….....(Eg:266243D)

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 health conditions, for settlement of this claim. I agree that the Company or its representative may use or disclose any of the information collected or held to third parties such as reinsurers, re-takaful, medical examiner or medical consultant, claims investigator and etc. within or outside Malaysia 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 Form, 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)
Level 17, Tower B, Dataran Maybank, No. 1, Jalan Maarof, 59000 Kuala Lumpur.
Etiqa Oneline 1300 13 8888 E info@etiqa.com.my
Etiqa Healthcare 1800 88 9888 F 1800 22 9988 E etiqahealthcare@etiqa.com.my www.etiqa.com.my

CLAIM SUBMISSION CHECKLIST

A. Supporting documents required.	Type of Claim		
	H&S Claims	HB / HIB / HCB claims	***HB / HIB / HCB claims (Simplified - refer remark for details)
Claim Form (Section A)	√	√	√
Statement of Medical Examiner (Section B)	√	√	
Discharge Summary**			√
Laboratory Investigation Report / HPE / Biopsy Result / / Other Medical Test Results	√	√	
X-ray / MRI Scan / Ultrasound	√	√	
Original Final Hospital / Clinic Bills (itemized)	√	√	√
Original Receipts (Including Deposit / Refund Note)	√		

Remarks:

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

1. Admission not more than 3 days
2. HB claim amount < RM600.00

**Discharge Summary/ notes of the attending doctor confirms :- admission and discharge date , Diagnosis, Name and NRIC of patient

Etiqa Family Takaful Berhad (199301011506)
(Licensed under Islamic Financial Services Act 2013 and regulated by Bank Negara Malaysia)
Level 17, Tower B, Dataran Maybank, No. 1, Jalan Maarof, 59000 Kuala Lumpur.
Etiqa Oneline 1300 13 8888 E info@etiqa.com.my
Etiqa Healthcare 1800 88 9888 F 1800 22 9988 E etiqahealthcare@etiqa.com.my www.etiqa.com.my