Medical Claims Services

Requirement Checklist for Claims Submission

It is advisable to use this checklist as a guide on the documents required for submission of claim. A copy of this checklist is available from Customer/Agent Service Centre (Form Counter) or Servicing Branch or i-greatpartner.

Important Notes :

1. Please ensure that these requirements are fully complied with in order for us to assess the claim without delay.
2. Please ensure claims documents that required certified true copy are duly signed and stamped with identification details.
   Person who can certify documents is as follow:
   (a) Customer Service Personnel at Head Office and Branches
   (b) Group Manager (GM) or Unit Manager (UM)
   (c) Commissioner of Oath
   (d) Public Notary
3. Submit this Requirement Checklist with the claim submission and tick the checkbox for documents submitted.
4. The Company may request for additional documents/reports if deemed necessary.

Certificate No. :_____ Branch :_____ Agent Code :_____

Certificate Owner / Person Covered :_____ Agent's Name :_____ Agent Tel. No. :_____

1. Inpatient Claims / Day Surgery

- ☐ Hospitalisation & Surgical - Claimant's Statement
- ☐ Hospitalisation & Surgical - Attending Physician's Statement
- ☐ Certified True Copy of Claimant's NRIC/Passport indicating Biodata
- ☐ Certified True Copy of Person Covered's NRIC/Passport/Birth Certificate
- ☐ Direct Credit Facility Form (if not submitted before)
- ☐ Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any)
- ☐ Itemised Breakdown, if (a) pharmacy charges >20% of total bill/tax invoice,
  (b) laboratory charges >10% of total bil/tax invoice.
- ☐ Certified True Copy of Laboratory Test Result, X-Ray, MRI/CT scan, Ultrasound, Histopathology report (if any)
- ☐ Claim settlement details from third party (other insurer/employer) if claiming balance
- ☐ For Overseas claims: Certified True Copy of passport indicating Biodata, Dates of Departure from Malaysia and Arrival overseas, Original detailed admission bill/tax invoice and receipt (translation of foreign language to English, if deemed necessary)
- ☐ Copy of valid license (if you are motorcyclist/ driver involved in motor vehicle accident)
- ☐ Others: _____

2. Pre & Post Hospitalisation Claims, Outpatient Cancer Treatment, Outpatient Kidney Dialysis Treatment

- ☐ Outpatient - Claimant's Statement
- ☐ Certified True Copy of Claimant's NRIC/Passport indicating Biodata
- ☐ Certified True Copy of Person Covered's NRIC/Passport/Birth Certificate
- ☐ Direct Credit Facility Form (if not submitted before)
- ☐ Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any)
- ☐ Itemised Breakdown, if (1) Pre hospitalisation bill/tax invoice- each bill/tax invoice > RM150 (detail listing of consultation fee, medication, test/investigation charges etc)
  (2) Post hospitalisation bill/tax invoice- each bill/tax invoice if medicine > RM300 (detail listing of medicine name, unit price, prescribed quantity and supply duration)
- ☐ Others: _____

3. Emergency Accident Outpatient Treatment Claims

- ☐ Outpatient - Claimant's Statement
- ☐ Hospitalisation & Surgical - Attending Physician's Statement, if total bill(s) > RM350
  [if total bill(s)/invoice(s) less than RM350, attending doctor to endorse the diagnosis (with signature and stamping) and confirm the date of accident]
- ☐ Certified True Copy of Claimant's NRIC/Passport indicating Biodata
- ☐ Certified True Copy of Person Covered's NRIC/Passport/Birth Certificate
- ☐ Direct Credit Facility Form (if not submitted before)
- ☐ Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any)
- ☐ Certified true copy of x-ray, MRI/CT scan (if any)
- ☐ Copy of valid license (if you are motorcyclist/ driver involved in motor vehicle accident)
- ☐ Others: _____

4. Hospital Income / Hospitalisation Benefit

- ☐ Hospitalisation & Surgical - Claimant's Statement
- ☐ Hospitalisation & Surgical - Attending Physician's Statement
- ☐ Certified True Copy of Claimant's NRIC/Passport indicating Biodata
- ☐ Certified True Copy of Person Covered's NRIC/Passport/Birth Certificate
- ☐ Direct Credit Facility Form (if not submitted before)
- ☐ Certified True Copy of hospitalisation bill//tax invoice
- ☐ For Reimbursement Claim-Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any)
- ☐ Copy of valid license (if you are motorcyclist/ driver involved in motor vehicle accident)
- ☐ Others: _____

For Office Use

Checked By :_____

Check Date :_____

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