

Requirement Checklist for Group Health Claims Submission

Dear Members of Field Force,

You are advised to use this checklist as a guide on the documents required for the claim filed. You may obtain a copy of this checklist from Agent Service Centre (Form Counter) or Servicing Branch or e-Partner.

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

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Hospitalisation & Surgical -Claimant's Statement/Claim Form For Group Hospitalisation & Surgical Benefit |
| <input type="checkbox"/> | Hospitalisation & Surgical-Attending Physician's Statement |
| <input type="checkbox"/> | Certified True Copy of Claimant's NRIC/Passport indicating Biodata |
| <input type="checkbox"/> | Certified True Copy of Person Covered's NRIC/Passport/Birth Certificate |
| <input type="checkbox"/> | Direct Credit Facility Form (if not submitted before) |
| <input type="checkbox"/> | Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any) |
| <input type="checkbox"/> | Itemised Breakdown, if (a) pharmacy charges >20% of total bill/tax invoice,
(b) laboratory charges >10% of total bill/tax invoice. |
| <input type="checkbox"/> | Certified True Copy of Laboratory Test Result, X-Ray, MRI/CT scan, Ultrasound, Histopathology report (if any) |
| <input type="checkbox"/> | Claim settlement details from third party (other insurer/employer) if claiming balance |
| <input type="checkbox"/> | <u>For Overseas claims:</u> 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) |
| <input type="checkbox"/> | Others: |

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

- ☐ Hospitalisation & Surgical -Claimant's Statement/Claim Form For Group Hospitalisation & Surgical Benefit
- ☐ 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

- ☐ Hospitalisation & Surgical -Claimant's Statement/Claim Form For Group Hospitalisation & Surgical Benefit
- ☐ 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)
- ☐ Others: _____

4. Hospital Income / Hospitalisation Benefit

- ☐ Hospitalisation & Surgical -Claimant's Statement/Claim Form For Group Hospitalisation & Surgical Benefit
☐ 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)
☐ Others:

Applicable to Group Policy only

5. Emergency Sickness Outpatient Treatment Claims
(from 12 midnight to 6am)

- ☐ Claim Form For Group Hospitalisation & Surgical Benefit
- ☐ Attending Doctor to endorse diagnosis (with signature and stamping)
- ☐ 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)
- ☐ Others:

6. Outpatient Clinical & Dental Claims/Specialist

- ☐ Claim Form For Outpatient Clinical & Dental Benefit
 - ☐ 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). Kindly provide itemised pharmacy breakdown if total each bill/tax invoice > RM200 (detail listing of medicine name and unit price)
 - ☐ Others:

For Office Use

Checked By :

Check Date : _____