

Additional Required Medical Evidence Checklist

Types Of Claims	Documents Required
Accident Indemnity Rider (AIR / AIS / CPAB / CAB)	 Accident Claim Form Medical report (only for claim amount more than RM300) Certified copy of medical chits/attendance report Certified copy of police report Consent letter for medical report extraction Other supporting documents (if applicable)
Critical Illness	 Original certificate/policy contract Certified copy of Insured / Life Assured / Person Covered / Participant's IC Doctor's Statement and relevant diagnostic test results or report to support the diagnosis (Please refer Table 1 – Additional Requirements for Critical Illness claim) Critical Illness claim form Consent letter for medical report extraction Other supporting document (if applicable)
Death Claim	 Original certificate/policy contract. Death Claim Form Doctor's Statement (for policy duration < 5 years) Certified copy of death certificate Certified copy of Burial Certificate Certified copy of proof of relationship (e.g. Marriage certificate/birth certificate and etc.) Certified copy of claimant's IC Consent letter for medical report extraction Certified 'Sijil Faraid'/Letter of Administration (if applicable)
	 Other supporting documents (if applicable) Additional requirements on accidental death Certified copy of police report Detailed Post Mortem report Certified copy of Toxicology report, if any Newspaper Cutting, if any Additional requirements for death in overseas Confirmation letter from National Registration Department All relevant documents issued by Foreign Authority must be certified by Malaysia Embassy or Public Notary



Types Of Claims	Documents Required
Hospital Benefit	 Hospital and Surgical Claim Form / Discharge Medical Form Medical report completed by attending doctor (for claim amount more than RM500) Discharge note or summary with diagnosis (for claim amount less than RM500) Certified copy of in-patient medical bill Other supporting documents (if applicable)
Hospital & Surgical	 Hospitalization Claim Form Medical report or Attending Physician Statement Original Hospital Bill Original Official Receipt(s) Original or certified copy of Discharge summary with medical history, diagnosis and treatment rendered Referral Letter(s) from the referring clinic
Other Benefits	 Cancer screening Reimbursement (Female plan) (i) Original receipt / bills Baby Bonus (i) Hospital Benefit Claim Form (ii) Certified copy of baby's birth
Personal Accident Rider / Dismemberment / PPD	 Permanent Partial Dismemberment Claim Form Permanent Partial Dismemberment Statement of Medical Examiner Certified copy of Insured / Life Assured / Person Covered Participant's IC Certified copy of police report, (if any) Close-up photograph as proof of loss/Full photo of claimant Consent letter for medical report extraction Certified copy of X-ray, MRI, Ct Scan or other radiology reports Other supporting documents (if applicable)



Types Of Claims	Documents Required
Total & Permanent Disability	 Original certificate/policy contract Total and Permanent Disability Claim form Medical report completed by attending doctor on Insured / Person Covered / Participant's condition after 6 month from the disability date Certified copy of Insured / Person Covered / Participant's IC as evidence of age if proof has not been received before Consent letter for medical report extraction Education level, working experience and detailed job description of last position held Letter of job termination from Insured / Person Covered / Participant's employer (if employed) Certified copy of clinic/ hospital consultation card Other supporting documents (if applicable)

Note: The items listed served as the guidelines for claims submission. The Company reserves the right to request for further information or documents deemed necessary.



Table 1 – Additional Requirements For Critical Illness Claim

Critical Illness	Additional Required Medical Evidence
Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders	Diagnostic test results
Angioplasty and Other Invasive Treatments for Major Coronary Artery Disease	Coronary Angiogram report Surgery report
Bacterial Meningitis	CT Scan / MRI of Brain & Spine
Benign Brain Tumour	CT Scan / MRI of Brain report Histopathology/biopsyreport
Blindness/Total Loss of Sight	 Visual Acuity report on both eyes to be done by an ophthalmologist Doctor's Statement to be completed by an Ophthalmologist
Brain Surgery	Brain Surgery report
Cancer	 Histopathology/biopsy report (where applicable) Bone Marrow Aspiration report (leukemia) CT Scan / MRI report (where applicable)
Chronic Aplastic Anaemia	Bone Marrow Aspiration Blood test report
Coma	Medical receipt for the usage of life support (Oxygen) Doctor's Statement to be completed by Consultant Neurologist
Coronary Artery By-Pass Surgery (CABG)	Coronary Artery By-Pass Surgery Report
Deafness / Total Loss of Hearing	Audiometry test and Sound Threshold test results
Encephalitis	CT Scan / MRI of Brain Doctor's Statement to be completed by Consultant Neurologist
End Stage Kidney Failure	 Dialysis appointment card / receipts Blood test results Doctor's Statement to be completed by Consultant Nephrologist



Critical Illness	Additional Required Medical Evidence
End Stage Liver Failure	 Liver Function Test CT Scan of Liver All laboratory, pathology, hepatitis screening, ultrasound & histology report
End Stage Lung Disease	 Pulmonary Function test FEV 1 test Relevant medical reports
Fulminant Viral Hepatitis	 CT Scan report of Liver Liver Function Test results Any other laboratory or pathology reports
Heart Attack	 Cardiac Enzymes Assay results (CK-MB) Electrocardiography report (ECG) Tropinin T result, if any Doctor's Statement to be completed by Consultant Cardiologist
Heart Valve Surgery	Heart Valve Surgery report
Loss of Speech	 Medical evidence from ENT specialist to confirm illness or injury to vocal cords Doctor's Statement to be completed by speech pathologist / therapist
Major Burns	Total Body Surface Assessment report
Major Head Trauma	 Detailed medical assessment from attending doctor CT Scan / MRI of Brain Police report, if any
Major Organ / Bone Marrow Transplant	Surgery report
Medullary Cystic Disease	 Abdominal Ultrasound or Abdominal CT Scan Renal biopsy report Urine Specific Gravity Test Blood test result All clinical and laboratory investigation report
Motor Neuron Disease	All investigation reports



Critical Illness	Additional Required Medical Evidence
Multiple Sclerosis	 Ophthalmologist's report CT Scan & MRI report of Brain & Spine Doctor's Statement to be completed by Consultant Neurologist
Muscular Dystrophy	 Diagnostic test result Doctor's Statement to be completed by Consultant Neurologist
Other Serious Coronary Artery Disease	Coronary Angiogram report
Paralysis / Paraplegia	 X-ray / CT Scan / MRI report, if available Doctor's Statement to be completed by Consultant Neurologist
Parkinson's Disease	Detailed medical assessment including Activities of Daily Living from Consultant Neurologist
Primary Pulmonary Arterial Hypertension	All clinical and laboratory investigation including cardiac catheterization
Severe Cardiomyopathy	Chest X-ray Echocardiogram report
SLE with Lupus Nephritis	 Urine test results Blood test results Kidney biopsy report
Stroke	 CT Scan / MRI of Brain report Doctor's Statement to be completed by Consultant Neurologist (for current condition at least 6 months after the stroke)
Surgery to Aorta	Aorta Surgery report
Terminal Illness	All relevant investigation result in support of the diagnosis

Etiqa Family Takaful Berhad (266243D) (Formerly known as Etiqa Takaful Berhad)
(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



