





Types Of Claims	Documents Required
<b>Hospital Benefit</b>	<ol style="list-style-type: none"> <li>1. Hospital and Surgical Claim Form / Discharge Medical Form</li> <li>2. Medical report completed by attending doctor (for claim amount more than RM500)</li> <li>3. Discharge note or summary with diagnosis(for claim amount less than RM500)</li> <li>4. Certified copy of in-patient medical bill</li> <li>5. Other supporting documents (if applicable)</li> </ol>
<b>Hospital &amp; Surgical</b>	<ol style="list-style-type: none"> <li>1. Hospitalization Claim Form</li> <li>2. Medical report or Attending Physician Statement</li> <li>3. Original Hospital Bill</li> <li>4. Original Official Receipt(s)</li> <li>5. Original or certified copy of Discharge summary with medical history, diagnosis and treatment rendered</li> <li>6. Referral Letter(s) from the referring clinic</li> </ol>
<b>Other Benefits</b>	<ol style="list-style-type: none"> <li>1. Cancer screening Reimbursement (Female plan)               <ol style="list-style-type: none"> <li>(i) Original receipt / bills</li> </ol> </li> <li>2. Baby Bonus               <ol style="list-style-type: none"> <li>(i) Hospital Benefit Claim Form</li> <li>(ii) Certified copy of baby's birth</li> </ol> </li> </ol>
<b>Personal Accident Rider / Dismemberment / PPD</b>	<ol style="list-style-type: none"> <li>1. Permanent Partial Dismemberment Claim Form</li> <li>2. Permanent Partial Dismemberment Statement of Medical Examiner</li> <li>3. Certified copy of Insured / Life Assured / Person Covered Participant's IC</li> <li>4. Certified copy of police report, (if any)</li> <li>5. Close-up photograph as proof of loss/Full photo of claimant</li> <li>6. Consent letter for medical report extraction</li> <li>7. Certified copy of X-ray, MRI, Ct Scan or other radiology reports</li> <li>8. Other supporting documents (if applicable)</li> </ol>



Types Of Claims	Documents Required
<b>Total &amp; Permanent Disability</b>	<ol style="list-style-type: none"><li>1. Original certificate/policy contract</li><li>2. Total and Permanent Disability Claim form</li><li>3. Medical report completed by attending doctor on Insured / Person Covered / Participant's condition after 6 month from the disability date</li><li>4. Certified copy of Insured / Person Covered / Participant's IC as evidence of age if proof has not been received before</li><li>5. Consent letter for medical report extraction</li><li>6. Education level, working experience and detailed job description of last position held</li><li>7. Letter of job termination from Insured / Person Covered / Participant's employer (if employed)</li><li>8. Certified copy of clinic/ hospital consultation card</li><li>9. Other supporting documents (if applicable)</li></ol>

*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**

<b>Critical Illness</b>	<b>Additional Required Medical Evidence</b>
<b>Alzheimer’s Disease / Irreversible Organic Degenerative Brain Disorders</b>	Diagnostic test results
<b>Angioplasty and Other Invasive Treatments for Major Coronary Artery Disease</b>	<ol style="list-style-type: none"> <li>1. Coronary Angiogram report</li> <li>2. Surgery report</li> </ol>
<b>Bacterial Meningitis</b>	CT Scan / MRI of Brain & Spine
<b>Benign Brain Tumour</b>	<ol style="list-style-type: none"> <li>1. CT Scan / MRI of Brain report</li> <li>2. Histopathology/biopsy report</li> </ol>
<b>Blindness/Total Loss of Sight</b>	<ol style="list-style-type: none"> <li>1. Visual Acuity report on both eyes to be done by an ophthalmologist</li> <li>2. Doctor’s Statement to be completed by an Ophthalmologist</li> </ol>
<b>Brain Surgery</b>	Brain Surgery report
<b>Cancer</b>	<ol style="list-style-type: none"> <li>1. Histopathology/biopsy report (where applicable)</li> <li>2. Bone Marrow Aspiration report (leukemia)</li> <li>3. CT Scan / MRI report (where applicable)</li> </ol>
<b>Chronic Aplastic Anaemia</b>	<ol style="list-style-type: none"> <li>1. Bone Marrow Aspiration</li> <li>2. Blood test report</li> </ol>
<b>Coma</b>	<ol style="list-style-type: none"> <li>1. Medical receipt for the usage of life support (Oxygen)</li> <li>2. Doctor’s Statement to be completed by Consultant Neurologist</li> </ol>
<b>Coronary Artery By-Pass Surgery (CABG)</b>	Coronary Artery By-Pass Surgery Report
<b>Deafness / Total Loss of Hearing</b>	Audiometry test and Sound Threshold test results
<b>Encephalitis</b>	<ol style="list-style-type: none"> <li>1. CT Scan / MRI of Brain</li> <li>2. Doctor’s Statement to be completed by Consultant Neurologist</li> </ol>
<b>End Stage Kidney Failure</b>	<ol style="list-style-type: none"> <li>1. Dialysis appointment card / receipts</li> <li>2. Blood test results</li> <li>3. Doctor’s Statement to be completed by Consultant Nephrologist</li> </ol>

Critical Illness	Additional Required Medical Evidence
<b>End Stage Liver Failure</b>	<ol style="list-style-type: none"> <li>1. Liver Function Test</li> <li>2. CT Scan of Liver</li> <li>3. All laboratory, pathology, hepatitis screening, ultrasound &amp; histology report</li> </ol>
<b>End Stage Lung Disease</b>	<ol style="list-style-type: none"> <li>1. Pulmonary Function test</li> <li>2. FEV 1 test</li> <li>3. Relevant medical reports</li> </ol>
<b>Fulminant Viral Hepatitis</b>	<ol style="list-style-type: none"> <li>1. CT Scan report of Liver</li> <li>2. Liver Function Test results</li> <li>3. Any other laboratory or pathology reports</li> </ol>
<b>Heart Attack</b>	<ol style="list-style-type: none"> <li>1. Cardiac Enzymes Assay results (CK-MB)</li> <li>2. Electrocardiography report (ECG)</li> <li>3. Troponin T result, if any</li> <li>4. Doctor's Statement to be completed by Consultant Cardiologist</li> </ol>
<b>Heart Valve Surgery</b>	Heart Valve Surgery report
<b>Loss of Speech</b>	<ol style="list-style-type: none"> <li>1. Medical evidence from ENT specialist to confirm illness or injury to vocal cords</li> <li>2. Doctor's Statement to be completed by speech pathologist / therapist</li> </ol>
<b>Major Burns</b>	Total Body Surface Assessment report
<b>Major Head Trauma</b>	<ol style="list-style-type: none"> <li>1. Detailed medical assessment from attending doctor</li> <li>2. CT Scan / MRI of Brain</li> <li>3. Police report, if any</li> </ol>
<b>Major Organ / Bone Marrow Transplant</b>	Surgery report
<b>Medullary Cystic Disease</b>	<ol style="list-style-type: none"> <li>1. Abdominal Ultrasound or Abdominal CT Scan</li> <li>2. Renal biopsy report</li> <li>3. Urine Specific Gravity Test</li> <li>4. Blood test result</li> <li>5. All clinical and laboratory investigation report</li> </ol>
<b>Motor Neuron Disease</b>	All investigation reports

Critical Illness	Additional Required Medical Evidence
<b>Multiple Sclerosis</b>	<ol style="list-style-type: none"> <li>Ophthalmologist's report</li> <li>CT Scan &amp; MRI report of Brain &amp; Spine</li> <li>Doctor's Statement to be completed by Consultant Neurologist</li> </ol>
<b>Muscular Dystrophy</b>	<ol style="list-style-type: none"> <li>Diagnostic test result</li> <li>Doctor's Statement to be completed by Consultant Neurologist</li> </ol>
<b>Other Serious Coronary Artery Disease</b>	Coronary Angiogram report
<b>Paralysis / Paraplegia</b>	<ol style="list-style-type: none"> <li>X-ray / CT Scan / MRI report, if available</li> <li>Doctor's Statement to be completed by Consultant Neurologist</li> </ol>
<b>Parkinson's Disease</b>	Detailed medical assessment including Activities of Daily Living from Consultant Neurologist
<b>Primary Pulmonary Arterial Hypertension</b>	All clinical and laboratory investigation including cardiac catheterization
<b>Severe Cardiomyopathy</b>	<ol style="list-style-type: none"> <li>Chest X-ray</li> <li>Echocardiogram report</li> </ol>
<b>SLE with Lupus Nephritis</b>	<ol style="list-style-type: none"> <li>Urine test results</li> <li>Blood test results</li> <li>Kidney biopsy report</li> </ol>
<b>Stroke</b>	<ol style="list-style-type: none"> <li>CT Scan / MRI of Brain report</li> <li>Doctor's Statement to be completed by Consultant Neurologist (for current condition at least 6 months after the stroke)</li> </ol>
<b>Surgery to Aorta</b>	Aorta Surgery report
<b>Terminal Illness</b>	All relevant investigation result in support of the diagnosis