



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



Types Of Claims	Documents Required
Total & Permanent Disability	<ol style="list-style-type: none">1. Original certificate/policy contract2. Total and Permanent Disability Claim form3. Medical report completed by attending doctor on Insured / Person Covered / Participant's condition after 6 month from the disability date4. Certified copy of Insured / Person Covered / Participant's IC as evidence of age if proof has not been received before5. Consent letter for medical report extraction6. Education level, working experience and detailed job description of last position held7. Letter of job termination from Insured / Person Covered / Participant's employer (if employed)8. Certified copy of clinic/ hospital consultation card9. 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	<ol style="list-style-type: none"> 1. Coronary Angiogram report 2. Surgery report
Bacterial Meningitis	CT Scan / MRI of Brain & Spine
Benign Brain Tumour	<ol style="list-style-type: none"> 1. CT Scan / MRI of Brain report 2. Histopathology/biopsy report
Blindness/Total Loss of Sight	<ol style="list-style-type: none"> 1. Visual Acuity report on both eyes to be done by an ophthalmologist 2. Doctor’s Statement to be completed by an Ophthalmologist
Brain Surgery	Brain Surgery report
Cancer	<ol style="list-style-type: none"> 1. Histopathology/biopsy report (where applicable) 2. Bone Marrow Aspiration report (leukemia) 3. CT Scan / MRI report (where applicable)
Chronic Aplastic Anaemia	<ol style="list-style-type: none"> 1. Bone Marrow Aspiration 2. Blood test report
Coma	<ol style="list-style-type: none"> 1. Medical receipt for the usage of life support (Oxygen) 2. 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	<ol style="list-style-type: none"> 1. CT Scan / MRI of Brain 2. Doctor’s Statement to be completed by Consultant Neurologist
End Stage Kidney Failure	<ol style="list-style-type: none"> 1. Dialysis appointment card / receipts 2. Blood test results 3. Doctor’s Statement to be completed by Consultant Nephrologist

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

Critical Illness	Additional Required Medical Evidence
Multiple Sclerosis	<ol style="list-style-type: none"> Ophthalmologist's report CT Scan & MRI report of Brain & Spine Doctor's Statement to be completed by Consultant Neurologist
Muscular Dystrophy	<ol style="list-style-type: none"> Diagnostic test result Doctor's Statement to be completed by Consultant Neurologist
Other Serious Coronary Artery Disease	Coronary Angiogram report
Paralysis / Paraplegia	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> Chest X-ray Echocardiogram report
SLE with Lupus Nephritis	<ol style="list-style-type: none"> Urine test results Blood test results Kidney biopsy report
Stroke	<ol style="list-style-type: none"> 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