

**HOSPITAL BENEFIT & MEDICAL CLAIM FORM**

**SECTION A**

**Instruction:**

- i) To be completed by Claimant. Every question must be fully answered.
- ii) The Company reserves the right to require further information as it deems necessary.
- iii) Submission of the Claim Form shall not be deemed as admission of liability by the Company.

Policy No : ..... Agent's Name : .....

Agent's code & Agency : ..... Agent's Contact No : .....

Agent's email address : .....

**Please tick (√) the relevant benefit in the box below:**

Hospitalisation & Surgical Claim ( H&S )       Hospitalisation Benefit Claim ( HB / HIB/ HCB )

BOTH Hospitalisation & Surgical Claim ( H&S ) AND Hospitalisation Benefit Claim ( HB / HIB/ HCB )

| A. Supporting documents required.  | Type of Claim |                       |  |
|--|---------------|-----------------------|--|
|  | H&S Claims    | HB / HIB / HCB claims | ***HB / HIB / HCB claims ( Simplified - refer remark for details ) |
| Claim Form (Section A)   | √             | √                     | √  |
| Statement of Medical Examiner (Section B)  | √             | √                     |  |
| Discharge Summary**  |               |                       | √  |
| Laboratory Investigation Report / HPE / Biopsy Result / Other Medical Test Results | √             | √                     |  |
| X-ray / MRI Scan / Ultrasound  | √             | √                     |  |
| Original Final Hospital / Clinic Bills (itemized)                                  | √             | √                     | √  |
| Original Receipts ( Including Deposit / Refund Note )                              | √             |                       |  |

Remarks:  
 \*\*\*Applicable for policy in force more than 1 year OR from policy issue / reinstatement date (whichever is later), subject to higher of the following :  
 1. Admission not more than 3 days  
 2. HB claim amount < RM600.00  
 \*\*Discharge Summary/ notes of the attending doctor confirms :- admission and discharge date , Diagnosis, Name and NRIC of patient

**1. Life Assured's Details**

Name of Life Assured: .....

NRIC / BC No. : ..... Date of Birth : ..... Age : .....

Gender: Male  Female  Marital Status: .....

Correspondence Address: .....

House Phone No : ..... Handphone No : ..... Office telephone no. : .....

Email : ..... Facsimile no. : .....

Name & address of employer: ..... Occupation: .....

**2. Claimant's Details (If other than Life Assured)**

Name of Claimant: .....

NRIC No.: .....

Correspondence Address: .....

House Phone No : ..... Handphone No : ..... Office telephone no. : .....

Email : ..... Facsimile no. : .....

Please state bank account details in order for us to credit the payment directly into Claimant's bank account.

Account Bank : ..... Branch: ..... Account No: .....

Account Holder Name: .....

NRIC No (as per bank account) : .....

Type of account :  Individual  Joint

Company Registration No. (if payment to company ) : .....

**3. If hospitalization or consultation was due to illness, please provide the following details:**

- a) Name/type of illness / condition / injury : ..... b) Date of first consultation: .....
- c) i. Name of FIRST clinic/ hospital : .....  
 ii. Address of the clinic/ hospital: .....  
 iii. Contact no. of clinic / hospital: .....
- d) What were the signs / symptoms which you provided to the attending doctor?  
 .....
- e) How long have you/Person Covered been having these signs / symptoms? .....

**4. If hospitalization or consultation was due to injury from an accident, please provide the following details:**

- i. Nature and details of accident : .....
- ii. When did accident occur : ..... iii. Time of accident: ..... iv. Place of accident: .....
- v. Date absent from work: ..... vi. Date return to work.....
- vii. Injury sustained: .....

| 5. | Name of Doctor consulted in connection with this injury / illness over the past 3 years. | Name, Address & Telephone No. of Clinic / Hospital | Date of Consultation | Reason for Consultation | Hospitalised? Yes / No |
|----|--|--|----------------------|-------------------------|------------------------|
|    |  |  |                      |                         |                        |

| 6. | Name of regular doctor of Life Assured other than the above | Name, Address & Telephone No. of Clinic / Hospital |
|----|---|--|
|    |   |  |

| 7. | Name of Company – Please state if you are entitled for any medical benefit or accidental benefit from any other other policy / certificate | Policy / Certificate number | Plan / Type of coverage | Amount of Benefit (RM) | Policy / Certificate date |
|----|--|-----------------------------|-------------------------|------------------------|---------------------------|
|    |  |                             |                         |                        |                           |

**CLAIMANT’S DECLARATION & AUTHORISATION**

I hereby declare that the foregoing answers and statements on the Life Assured are complete and true to the best of my knowledge and belief, and that I have withheld no material facts from the Company.

And I hereby authorize any medical practitioner, surgeon person, hospital, clinic and any other institution or organization to furnish to Etiqa Life Insurance Berhad or its representative any information that maybe required concerning my health conditions, for settlement of this claim. I agree that Etiqa Life Insurance Berhad or its representative may use or disclose any of the information collected or held to third parties such as reinsurers, medical examiner or medical consultant, claims investigator and etc. within or outside Malaysia for the purpose of processing the claim. I agree that a photocopy of this authorization shall be considered as effective and valid as original.

\_\_\_\_\_  
Signature / Thumb print of Person Covered

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature / Thumb print of Claimant (if other than the Person Covered)

Date : \_\_\_\_\_

Full name : \_\_\_\_\_

Contract No. : \_\_\_\_\_

Designation & Official stamp is required for Company:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Date : \_\_\_\_\_

Full name : \_\_\_\_\_

NRIC No. : \_\_\_\_\_

Contact No : \_\_\_\_\_

**LETTER OF AUTHORISATION / CONSENT**

**To Obtain Further Medical information**

TO WHOM IT MAY CONCERN

Name of Life Assured: .....  
NRIC No.: .....(New) .....(Old)  
Policy No. ....

I, ....., NRIC No. .... hereby authorize and give my consent to any medical practitioner, physician, surgeon, nurse, medical staff, clinic, hospital, medical centre, insurance company or organization or individual concerned (“the information provider”) that may have any record or knowledge of health or medical history of the above stated (“Life Assured”) and to provide such information to Etiqa Life Insurance Berhad and its authorized service provider and/or its employees in order to process my Insurance claim.

I, agree, consent and allow Etiqa Life Insurance Berhad (hereinafter called “Etiqa Insurance”) to process my personal data (including sensitive personal data) (‘Personal Data’) with the intention of processing this Claim Form, in compliance with the provisions of the Personal Data Protection Act 2010.

I expressly waived all provisions of law or professional ethics forbidding the Information Provider(s) from disclosing any such information acquired on myself in a professional and/or client capacity and I further release the Information Provider(s) and its agent/staff from any liability whatsoever that may arise, in supplying such information requested by the Company.

This authorization/consent is irrevocable and a copy of it will have the same effect and validity as the original.

.....  
Signature of Life Assured / Claimant (If Life Assured is a minor)

Name: .....

Relationship with Life Assured : .....

Date: .....

## WHY YOU SHOULD CHOOSE TO RECEIVE PAYMENTS VIA DIRECT DEPOSIT INTO A BANK ACCOUNT (E-PAYMENT / AUTO-CREDIT)?

| No  | Question   | Answer   |
|-----|--|--|
| 1   | Why should I choose to receive funds via e-payment / auto-credit?  | <ul style="list-style-type: none"> <li>✓ <b>Faster:</b> funds are available once the payment has been processed by the bank.</li> <li>✓ <b>Convenient:</b> removes the need to travel and deposit the cheque at the bank as payments are credited directly into your bank account.</li> <li>✓ <b>Safer:</b> misplaced, lost, fraud or expired cheques will no longer be an issue.</li> <li>✓ <b>Environmental friendly:</b> printing, posting and banking in of the cheque will no longer require.</li> </ul>  |
| 2   | Will there be any registration fee?  | No, you can enjoy the service free of charges.   |
| 3   | What do I have to do to receive funds via e-payment / auto-credit?   | <p>You must provide <b>your bank's saving / current account</b> number together with the <b>bank's name</b> in the proposal/claim/benefit/surrender form during the application.</p> <p>Alternatively, you can also provide your bank saving / current account no with the bank's name, latest address, mobile phone no and email address for future Benefit payment via submission of 'Request For Change Form'.</p> <p>Note: The completed form and necessary documents must be submitted together with the required supporting documents to the nearest Etiqa Branch.</p> |
| 4   | What are the required supporting documents?  | <p>The following documents are required for verification :</p> <ul style="list-style-type: none"> <li>✓ A copy of your IC or passport, ;&amp;</li> <li>✓ A copy of the bank statement / bank account passbook / details of your account printed from your bank's website.</li> </ul>   |
| 5   | Is there any restriction on the type of bank account that can be assigned for e-payment / auto-credit?                   | <p>You can provide any of your existing active saving / current account held under your name or in the case of a joint account that has your name as one of the accountholders. The saving or current account must be maintained with one of the financial institutions offering MEPS Inter-Bank GIRO (IBG) service. You may refer to the following website for current list of IBG members</p> <p><a href="http://www.meps.com.my/faq/interbank-giro">http://www.meps.com.my/faq/interbank-giro</a>.</p>  |
| 6   | Can I change my bank account information?  | Yes, you are allowed to change your bank account details by submitting the Request For Change form with the required supporting documents substantiating your request to Etiqa. No cost will be charged for this purpose.  |
| 7.  | When will the funds be credited to my bank account?  | Payment will be made electronically into your bank account by Etiqa within 5 working days once your payment has been approved.   |
| 8.  | Will I be notified once the takaful operator has made the payment?   | Yes, a notification letter will be sent to you once your payment has been approved. You are encouraged to provide your email address/mobile phone number as Etiqa is currently developing the electronic notification via email / sms.   |
| 9.  | How will my bank account information be used and will it remain confidential?  | <p>Your bank account details and other related information:</p> <ul style="list-style-type: none"> <li>✓ Will be used solely for the purpose of enabling payments to be credited directly into your bank saving / current account; and</li> <li>✓ Is protected under the Islamic Financial Services Act 2013 that strictly prohibits the disclosure of such information to any person unless customer or his personal representative has given written permission.</li> </ul>  |
| 10  | What will happen to funds that cannot be credited into my bank account?  | If funds cannot be credited into your bank account due to for example, incorrect bank account number, closed or inactive bank account, I/C no unmatched, the cheque will be issued and posted to you. However, this may lead to unnecessary delay to the payment process. To avoid this issue, please ensure that your bank account is correct and active upon providing such information to Etiqa.  |
| 11. | Do I need to provide bank account information separately for each of my certificate if I have more than one certificate? | If you want all your payments to be paid to the same bank account, you need to indicate so to Etiqa at the point of submitting your form.  |