

## ETIQA GROUP CLAIMS SUBMISSION CHECKLIST

### GROUP MAJOR & HOSPITAL BENEFITS CLAIMS

Note: We reserve the rights to request further documents if required

Please tick (✓) where applicable;

COMPULSORY FOR ALL CLAIM TYPE SUBMISSION:	
	Etiqua Group Claim Form : Group Major & Hospital Benefits Claims
	Certified Copy Of Claimant's / Payee's NRIC And Life Assured's NRIC
	Bank Account Details of Payee and Company Registration Number (If payee is Policy holder)
ADDITIONAL REQUIREMENT FOR GROUP CREDIT POLICIES CLAIMS SUBMISSION:	
	Confirmation letter/ statement from policy holder on loan number, loan amount, loan tenure period, interest rate and balance of loan amount as of claim event date.
ADDITIONAL REQUIREMENT FOR GROUP TERM LIFE POLICIES CLAIMS SUBMISSION:	
	Confirmation letter from policy holder on the last date of Life Assured attending to work together with attendance record as proof
	Salary slip for event month.

DEATH / FUNERAL EXPENSES / KHAIRAT CLAIM	
	Death Statement of Medical Examiner (for policy duration < 5 years)
	Certified copy of Death Certificate
	Proof of relationship between claimant and Life Assured: Certified copy of ANY one below: <ul style="list-style-type: none"> <li>- Marriage/ Nikah Certificate if claimant is spouse</li> <li>- Birth Certificate (s) of Child if claimant is child/Children</li> <li>- Birth Certificate (s) of Deceased if claimant is parent (s)</li> <li>- If above is not available, please submit statutory declaration</li> </ul>
	Certified copy Sijil Faraid /Court Orders / Letter of Administration (if applicable)
	If death occurred in Overseas: <ul style="list-style-type: none"> <li>- Confirmation letter from National Registration Department (for death outside of Malaysia)</li> <li>- Death Certificate issued by the country where death occurred (if any)</li> <li>- Certification of death from the hospital where death occurred (if any)</li> <li>- Certification of death from the Malaysian Embassy in the foreign country where death occurred (if any)</li> </ul>

ACCIDENTAL DEATH CLAIM	
	Death Statement of Medical Examiner
	Certified copy of Death Certificate
	Certified copy of : Police Report , Post Mortem report (if any), Newspaper/Online News cutting (Where applicable)

<p>Proof of relationship between claimant and Life Assured :</p> <p>Certified copy of ANY one below:</p> <ul style="list-style-type: none"> <li>- Marriage/ Nikah Certificate if claimant is spouse</li> <li>- Birth Certificate (s) of Child if claimant is child/Children</li> <li>- Birth Certificate (s) of Deceased if claimant is parent (s)</li> <li>- If above is not available, please submit statutory declaration</li> </ul>
<p>Certified copy : Sijil Faraid /Court Orders / Letter of Administration (Where applicable)</p>

#### TOTAL & PERMANENT DISABILITY CLAIM

<p>Total &amp; Permanent Disability Claim - Statement Of Medical Examiner (Group) Section B (Completion of Section B must be done six months after the diagnosis/disability date )</p>
<p>Certified copy of MRI/CT Scan/ Xray or other diagnostic reports</p>
<p>Certified copy of Medically Boarded Out letter from employer (if employed)</p>
<p>Certified copy Other supporting documents (if applicable) etc. SOSCO Pencen Illat medical reports/letters</p>

#### PERMANENT PARTIAL DISMEMBERMENT/ DISABILITY CLAIM

<p>Permanent Partial Dismemberment - Statement Of Medical Examiner Section B (Completion of Section B must be done six months after the diagnosis/disability date )</p>
<p>Certified copy of MRI/CT Scan/ Xray or other diagnostic reports</p>

#### ACCIDENT MEDICAL REIMBURSEMENT (AMR) CLAIM

<p>Original official receipts and bills</p>
<p>Discharge note /summary with diagnosis or Medical Report</p>
<p>Certified copy of MRI/CT Scan/ Xray or other diagnostic reports</p>
<p>Certified copy other supporting documents (if applicable) etc. Police report</p>

#### HOSPITAL BENEFIT / DAILY HOSPITAL ALLOWANCE CLAIM

<p>Hospital bill (For Hospital Allowance Benefit ) and Original official receipts and Hospital bill (Applicable for reimbursement Claims)</p>
<p>Discharge note /summary with diagnosis or Medical Report</p>
<p>Certified copy of MRI/CT Scan/ Xray or other diagnostic reports (if any)</p>

#### TERMINAL ILLNESS BENEFIT CLAIM

<p>Critical Illness (Others) – Statement Of Medical Examiner (Group Claim)</p>
<p>Letter from attending physician stating the current patient’s condition, treatment and prognosis.</p>

Certified copy of MRI/CT Scan/ Xray or other diagnostic reports

**CRITICAL ILLNESS BENEFIT CLAIM**

- Medical Examiner Form to be completed according to the type of critical illness:
1. Critical Illness (Cancer) – Statement Of Medical Examiner (Group Claim)
  2. Critical Illness (Stroke) – Statement Of Medical Examiner (Group Claim)
  3. Critical Illness (Renal Failure) – Statement Of Medical Examiner (Group Claim)
  4. Critical Illness (Heart) – Statement Of Medical Examiner (Group Claim)
  5. Critical Illness (Others) – Statement Of Medical Examiner (Group Claim)

List Of Covered Events And The Required Medical Evidence

<b>Stroke</b> - CT Scan / MRI Report of Brain	<b>Parkinson's Disease</b> - All relevant investigation results in support of the diagnosis
<b>Heart Attack / Cardiomyopathy</b> - Cardiac Enzymes Assay results (CK-MB, Troponin T / Troponin I) - ECG tracing - Echocardiogram / Coronary Angiogram report	<b>Blindness - Permanent and Irreversible</b> - Visual Acuity Report on both eyes to be done by an ophthalmologist * CMC to be completed by an Ophthalmologist.
<b>Angioplasty and other invasive treatments for coronary artery disease</b> - Coronary Angiogram Report <b>Coronary Artery By-Pass Surgery</b> - Coronary Artery By-Pass Surgery Report <b>Heart Valve Replacement / Surgery</b> - Heart Valve Surgery Report	<b>Chronic Lung Disease</b> - Pulmonary Function Test results - Arterial Blood Gas test results - FEV 1 Test results - Relevant investigation results
<b>Cancer</b> - Histopathology Report (HPE report) - CT Scan / MRI Reports, if available - Bone Marrow Aspiration / Trephine Biopsy Report (Leukemia only) - Blood and laboratory test report	<b>Motor Neuron Disease</b> - CT Scan/ MRI report of the Brain and Spine - Electromyography (EMG ) test results - All relevant investigation results in support of the diagnosis - Medical Report to be completed by Neurologist
<b>Renal / Kidney Failure / Medullary Cystic Disease</b> - Kidney Dialysis Report / Dialysis Receipts - Kidney/Renal Biopsy Report (if any) - Blood test results	<b>Multiple Sclerosis</b> - CT Scan & MRI Report of Brain & Spine - Nerve conduction study / Evoked potential test * Medical Report to be completed by Neurologist
<b>Systemic Lupus Erythematosus (SLE) With Lupus Nephritis</b> - Lupus Erythematosus (LE) cell blood test results - Anti-DNA Antibodies & Renal biopsy report - Urine FEME results over past 6 months - Renal function tests with eGFR results over past 6 months	<b>Coma – resulting in permanent neurological deficit with persisting clinical symptoms</b> - ICU report and supporting documents for being in come > 96 hours - X-ray/CT Scan/ MRI Reports - Medical Report to be completed by Neurologist
<b>Fulminant Viral Hepatitis / End-Stage Liver Failure/ Chronic Liver Disease</b> - CT Scan Report of Liver - Liver Function Test results - Abdominal ultrasound - Hepatitis viral serology test - Any other laboratory or pathology reports	<b>Muscular Dystrophy</b> - Lumbar puncture report - Electromyography (EMG ) test results - Muscles biopsy - All relevant investigation results in support of the diagnosis - Medical Report to be completed by Neurologist
<b>Brain Surgery</b> - Brain Surgery Report	<b>Terminal Disease</b> - All relevant investigation results in support of the diagnosis - Medical Report stating patient not receiving active treatment other than pain relief.
<b>Benign Brain Tumor</b> - CT Scan / MRI Report of Brain - Histopathology Report, if available	<b>Chronic Aplastic Anemia - resulting in permanent Bone Marrow Failure</b> - All relevant blood and bone marrow investigation results in support of the diagnosis - Bone Marrow transplantation report
<b>Major Head Trauma</b> - CT Scan / MRI Report of Brain - Surgery report - Police report, if any	<b>Alzheimer's disease/Severe Dementia / Parkinson's disease</b> - All relevant investigation in support of the diagnosis - Medical Report to be completed by Neurologist - Physio / Rehabilitation Reports (if Any)
<b>Bacterial Meningitis/ Encephalitis</b> - CT Scan / MRI Report of Brain /Spine - CMC to be completed by Consultant Neurologist - Lumbar puncture test report	<b>Deafness – Permanent and Irreversible</b> - Audiogram Report (Latest Report) - Pure Tone Audiometry reports (Latest Report)
<b>Major Burns / Third Degree Burns</b> - Total Body Surface Area Burn Assessment Report	<b>Loss of Speech</b> - Laryngoscopy report
<b>Paralysis / Paraplegia / Paralysis of limbs</b> - X-ray/CT Scan/ MRI Reports, if available - Medical Report to be completed by Neurologist	<b>Major Organ / Bone Marrow Transplant</b> -Transplantation report of heart or lung /liver /kidney /pancreas / bone marrow

Note: Kindly contact our sales/agents or customer service for illness/requirements which is not listed above.