



CHECKLIST FOR SUBMISSION OF GROUP HOSPITAL AND MEDICAL CLAIMS

Policy / Contract No : Agent / Broker / Agency Name :
Assured / Life Assured : Handphone Number :

1. Inpatient/Admission Claims / Day Care

- 1.1 Claim Form Hospitalisation & Surgical duly completed dan signed by claimant
- 1.2 Statement of Medical Examiner (Doctor's Medical Report)
- 1.3 Original Bill(s)
- 1.4 Original Receipts, including deposit and refund receipt (COMPULSORY)
- 1.5 Copy of all laboratory result, x-ray, MRI, CT scan, Ultrasound, Histopathology report, if any
- 1.6 Certified True Copy of Claimant's NRIC or Passport Information page (for Non Malaysia)
- 1.7 Copy of Claimant's Bank Statement / Proof of bank's account number (For claim "auto credit" payment)

Others:

- Claim Settlement details from another insurer if claiming balance amount
- Certified True Copy of Passport for Oversea Claims (arrival & departure including passport holder information)

2. Out Patient Claims - Pre & Post Hospitalisation / Outpatient Kidney Dialysis / Cancer Treatment

- 2.1 Claim Form - Hospitalisation & Surgical by claimant
- 2.2 Statement of Medical Examiner - ONLY for out patient kidney / cancer treatment
- 2.3 Original Bill(s)
- 2.4 Original Receipts, including deposit and refund receipt (COMPULSORY)
- 2.5 Certified True Copy of Claimant's NRIC or Passport Information page (for Non Malaysia)
- 2.6 Copy of Claimant's Bank Statement / Proof of bank's account number (For auto credit claim payment)

3. Emergency Outpatient Treatment Claims (Accident / Sickness)

- 3.1 Claim Form - Hospitalisation & Surgical by claimant
- 3.2 If total bill less than RM500.00, doctor need to write the diagnosis, the date of accident and treatment on the receipt
- If total bill more than RM500.00, need completion of Statement of medical Examiner
- 3.3 Certified True Copy of Claimant's NRIC or Passport Information page (for Non Malaysia)
- 3.4 Original Bill(s)
- 3.5 Original Receipts, including deposit and refund receipt (COMPULSORY)
- 3.6 Copy of Claimant's Bank Statement / Proof of bank's account number (For auto credit claim payment)

Notes :

- 1. For admission in oversea's hospital, please ensure all the necessary documents are in English version
- 2. This documents checklist is applicable for the above types of claim only.

Completed Claim Documents are to be submitted to:

Etiqa Takaful Corporate Agency Office
Ground Floor, Central Complex
(Beside Main Auditorium)
International Islamic University Malaysia
Jalan Gombak
53100 Kuala Lumpur
Email : etiqaagency.iium@gmail.com
Tel No : 013-4475139

For EBMG Use

Received and checked by:

Date: