## **Healthcare Services (HSD)**

## Requirement Checklist for Individual & Group Health Claims Submission

Dear Members of Field Force,

You are advised to use this checklist as a guide on the documents required for the claim filed. You may obtain a copy of this checklist from Agent Service Centre (Form

## **Important Notes:**

- Please ensure that these requirements are fully complied with in order for us to assess the claim without delay.
- Please ensure claims documents that required certified true copy are duly signed and stamped with identification details.

Person who can certify documents is as follow:

- (a) Customer Service Personnel at Head Office and Branches
- (b) Group Sales Manager (GSM) or Unit Sales Manager (USM)
- (c) Commissioner of Oath
- (d) Public Notary
- Submit this Requirement Checklist with the claim submission and tick the checkbox for documents submitted.

Policy No.		:	·	u.y.	·	A	gent Code	:	
Assured/Life Assured		:	Agent's Na	me	:	A	aent Tel. No.	:	
1. Inpatient Claims / Day Surgery									
	Hospitalisation & Surgical -Claimant's Statement/Claim Form For Group Hospitalisation & Surgical Benefit Hospitalisation & Surgical-Attending Physician's Statement Certified True Copy of Claimant's NRIC/Passport indicating Biodata Certified True Copy of Life Assured's NRIC/Passport/Birth Certificate Direct Credit Facility Form (if not submitted before) Original bill(s)/lax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any) Itemised Breakdown, if (a) pharmacy charges >20% of total bill/tax invoice, (b) laboratory charges >10% of total bil/tax invoice.  Certified True Copy of Laboratory Test Result, X-Ray, MRI/CT scan, Ultrasound, Histopathology report (if any) Claim settlement details from third party (other insurer/employer) if claiming balance For Overseas claims: Certified True Copy of passport indicating Biodata, Dates of Departure from Malaysia and Arrival overseas, Original detailed admission bill/tax invoice and receipt (translation of foreign language to English, if deemed necessary)								
Others:  2. Pre & Post Hospitalisation Claims, Outpatient Cancer Treatment, Outpatient Kidney Dialysis Treatment									
Hospitalisation & Surgical -Claimant's Statement/Claim Form For Group Hospitalisation & Surgical Benefit Certified True Copy of Claimant's NRIC/Passport indicating Biodata Certified True Copy of Life Assured's NRIC/Passport/Birth Certificate Direct Credit Facility Form (if not submitted before) Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any) Itemised Breakdown, if (1) Pre hospitalisation bill/tax invoice- each bill/tax invoice > RM150 (detail listing of consultation fee, medication, test/investigation charges etc) (2) Post hospitalisation bill/tax invoice- each bill/tax invoice if medicine > RM300 (detail listing of medicine name, unit price, prescribed quantity and supply duration)  Others:									
3. Emergency Accident Outpatient Treatment Claims									
Hospitalisation & Surgical -Claimant's Statement/Claim Form For Group Hospitalisation & Surgical Benefit Hospitalisation & Surgical-Attending Physician's Statement, if total bill(s) > RM350 [if total bill(s)/invoice(s) less than RM350, attending doctor to endorse the diagnosis (with signature and stamping) and confirm the date of accident] Certified True Copy of Claimant's NRIC/Passport indicating Biodata Certified True Copy of Life Assured's NRIC/Passport/Birth Certificate Direct Credit Facility Form (if not submitted before) Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any) Certified true copy of x-ray, MRI/CT scan (if any) Others:									
4. Hospital Income / Hospitalisation Benefit									
Hospitalisation & Surgical -Claimant's Statement/Claim Form For Group Hospitalisation & Surgical Benefit Hospitalisation & Surgical-Attending Physician's Statement Certified True Copy of Claimant's NRIC/Passport indicating Biodata Certified True Copy of Life Assured's NRIC/Passport/Birth Certificate Direct Credit Facility Form (if not submitted before) Certified True Copy of hospitalisation bill/tax invoice For Reimbursement Claim-Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any) Others:									
Applicable to Group Policy only									
5. Emergency Sickness Outpatient Treatment Claims (from 12 midnight to 6am)				6. Outpatient Clinical & Dental Claims/Specialist					
	Attending Doctor to Certified True Copy Certified True Copy Direct Credit Faciliti Original bill(s)/tax i	endorse diagnosis (with sign of Claimant's NRIC/Passpor of Life Assured's NRIC/Pass y Form (if not submitted befor nvoice(s) and Original receipt	ature and stamping) t indicating Biodata port/Birth Certificate e)	Claim Form For Outpatient Clinical & Dental Benefit Certified True Copy of Claimant's NRIC/Passport indicating Biodata Certified True Copy of Life Assured's NRIC/Passport/Birth Certificate Direct Credit Facility Form (if not submitted before) Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any). Kindly provide itemised pharmacy breakdown if total each bill/tax invoice > RM200 (detail listing of medicine name and unit price) Others:					
							For Office Us	20	
							Check Date	:	
5. Emergency Sickness Outpatient Treatment Claims (from 12 midnight to 6am)  Claim Form For Group Hospitalisation & Surgical Benefit Attending Doctor to endorse diagnosis (with signature and stamping) Certified True Copy of Claimant's NRIC/Passport indicating Biodata Certified True Copy of Life Assured's NRIC/Passport/Birth Certificate Direct Credit Facility Form (if not submitted before) Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any)				6. (	6. Outpatient Clinical & Dental Claims/Specialist  Claim Form For Outpatient Clinical & Dental Benefit Certified True Copy of Claimant's NRIC/Passport indicating Biodata Certified True Copy of Life Assured's NRIC/Passport/Birth Certificate Direct Credit Facility Form (if not submitted before) Original bill(s)/tax invoice(s) and Original receipt(s) (including deposit and refund receipt, if any). Kindly provide itemised pharmacy breakdown if total each bill/tax invoice > RM200 (detail listing of medicine name and unit price)				

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