

COVID-19 Medical Plan Coverage Programme Claim Submission Requirement Checklist

Note

Photocopy of documents **MUST** be duly certified by authorised parties, i.e. Claims Officer or Customer Service Officer or Notary Public or Advocate & Solicitor or Justice of Peace or Ketua Balai Polis or District Officer or Medical Officer or Group Sales Manager or Unit Sales Manager or Servicing Agent and Policy Holder. In addition, for claims incurred outside Malaysia (except Singapore), the confirmation of claim event and all other related documents issued by the Foreign Authority must be certified by Malaysian Embassy or Public Notary at the incident country. If you have returned to Malaysia, the documents can be certified by relevant country's Embassy in Malaysia.

Disclaimer

The list below serve as a guide for basic requirement. The Company reserves the right to request further document(s) for the purpose of this claim.

Please tick (✓) the documents submitted.

CTC = Certified true copy

1. Private and Government Hospitalisation

- Registered e-Connect user
- Direct Credit Facility Form duly completed by Claimant
- CTC of Claimant's NRIC/ passport if different from Life Assurec
- CTC of Life Assured's NRIC/ Passport/ Birth Certificate
- Hospitalisation & Surgical -Claimant's Statement
- Hospitalisation & Surgical-Attending Physician's Statement
- Original bill(s)/tax invoice(s)
- Original receipt(s) including deposit and refund receipt (if any)
- Itemised Breakdown of total bill(s)/tax invoice (s)
- CTC of Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR) for Covid-19 Infection
- CTC of laboratory, X-ray, MRI, CT scan, ultrasound, histopathology report, all diagnostic tests report (if any)
- COVID-19 Questionnaire to be completed by Life Assured

2. Private & Government Hospitalisation -For Claim Partially Settled By Third Party

- Registered e-Connect user
- Direct Credit Facility Form duly completed by Claimant
- CTC of Claimant's NRIC/ passport if different from Life Assurec
- CTC of Life Assured's NRIC/ Passport/ Birth Certificate
- Hospitalisation & Surgical -Claimant's Statement
- CTC of medical report by third party
- CTC of bill(s)/ tax invoice(s)
- CTC of receipts (Original receipt and/ or original tax invoice are required for noncovered charges by third party, if any)
- CTC of Itemised Breakdown of total bill(s)/tax invoice (s)
- CTC of Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR) for Covid-19 Infection
- CTC of laboratory, X-ray, MRI, CT scan, ultrasound, histopathology report, all diagnostic tests report (if any)
- Settlement letter issued from Third Party which list down in detail the name and charges for each covered and uncovered item (for reimbursement of balance of medical expenses)
- COVID-19 Questionnaire to be completed by Life Assured

* Please send the documents to us via mail to:

**Menara Great Eastern
Level 16 Healthcare Services Department
303 Jalan Ampang
50450 Kuala Lumpur**

or submit the documents to our Customer Service Centre located at the 1st floor (Health Claims drop box) at our Head Office or the nearest branch.

APPENDIX B



COVID-19 QUESTIONNAIRE TO BE COMPLETED BY LIFE ASSURED

Name of Life Assured :	NRIC/Passport No :
Age:	Sex:

With regards to your hospitalization for COVID-19, we would appreciate if you could advise us on the following:

1. Vaccination related information (at time of tested positive for COVID -19)

a) Status of vaccination (not vaccinated/vaccination for one dose/vaccinated for 2 doses)

Vaccinated : Yes No

(If YES, please provide copy of Digital Vaccination Cert)

Vaccination	Dose 1	Dose 2
Date of Vaccination (dd/mm/yyyy)		
Type of Vaccination (e.g Sinovac, Pfizer, AstraZeneca (AZ))		

b) Any adverse events following immunisation (AEFI) that requires hospitalization?

Yes / No (If Yes, please advise)

2. Please advise whether you have done any assessment at Covid-19 Assessment Centre (CAC).

Yes No

3. Date of being tested positive with COVID-19:

_____ (dd/mm/yyyy)

4. Do you have any comorbidities?

If Yes, please tick as below.

Diabetes

Hypertension

Asthma

Cancer

Autoimmune Disease

Others: _____

I declare that the answers I have given above are the best of my knowledge and true.

(Signature of Life Assured)

Name : _____

NRIC Number: _____