

Covid-19 Vaccine Fund 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. Hospitalisation Vaccine Fund

- Registered e-Connect user
- Hospitalisation & Surgical -Claimant's Statement
- Hospitalisation & Surgical-Attending Physician's Statement
- Direct Credit Facility Form duly completed by Claimant
- CTC of Life Assured's NRIC/Passport
- CTC of Claimant's NRIC (if different from Life Assured)
- CTC of laboratory, X-ray, MRI, CT scan, PET scan and all relevant diagnostic tests report
- CTC of bill(s)/tax invoice(s)
- CTC of Hospitalisation Discharge Note/Discharge Summary with Admission Date & Discharge Date
- CTC of Vaccination Card/COVID-19 Vaccine Immunisation Digital Certificate

2. Death Claim

- Registered e-Connect user
- Death Claim Form- Claimant's Statement
- Death Claim Doctor's Statement
- Direct Credit Facility Form duly completed by Claimant
- CTC of Death Certificate
- CTC of Deceased's NRIC
- CTC of Claimant's NRIC
- CTC of Vaccination Card/COVID-19 Vaccine Immunisation Digital Certificate
- CTC of laboratory, X-ray, MRI, CT scan, PET scan and all relevant diagnostic tests report
- Letter of Authorisation/Consent
- Grant of Probate/Letter of Administration, for policy without nomination

The above claims can be submitted via the following means:-

a) e-Connect (for customer use)

My Service Request > My Mailbox > Create New Query > Subject : BENEFIT COVERAGE DETAILS > Ref No: FAP COVID-19

b) Email to wecare-my@greasternlife.com

Email subject: *Claims submission for Covid-19 Vaccine Fund*

c) e-Partner (for agent use)

Application > Application > Mailbox > Create New Query > Ref No: Covid-19 Vaccine Fund
> Choose relevant dept from drop down list – HSD/CLM > Subject: Accidental and Hospitalisation claim / Death Claims

* *Covid-19 Vaccine Fund will only be paid for claims with complete documents, subject to fund availability. Submitting an incomplete claim does not reserve the fund.*