

## Checklist for Submission of Individual & Group Health Claims

**Certificate Number :**  
**Person Covered :**

**Agent/ Broker/ Agency Name :**  
**Agent/ Broker/ Agency contact number :**

### 1. Inpatient Claims/ Day Surgery

- 1.1  Claim Form - Hospitalisation & Surgical by claimant ( Section A )
- 1.2  Statement of Medical Examiner ( Section B )
- 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 Malaysian )

Others :

- Claim settlement from another insurer or takaful operator if claiming balance amount or medical plan with deductible.
- Certified True Copy of Passport for Oversea Claims ( arrival and 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 ( Section A )
- 2.2  Statement of Medical Examiner ( Section B ) - ONLY for outpatient 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 Malaysian )

### 3. Emergency Outpatient Treatment Claims ( Accident / Sickness )

- 3.1  Claim Form - Hospitalisation & Surgical by claimant ( Section A )
- 3.2  If total bill less than RM500, doctor to endorse the diagnosis, treatment date and time ; date of accident ( if applicable )
- If total bill more than RM500, need completion of Statement of Medical Examiner ( Section B )
- 3.3  Certified True Copy of Claimant's NRIC or Passport Information page ( for Non Malaysian )
- 3.4  Original bill(s)
- 3.5  Original Receipts , including deposit and refund receipt ( COMPULSORY )

### 4. Funeral Expenses / Death Benefits

- 4.1  Death Certificate / Burial Permit
- 4.2  Claimant's statement - Death Claim
- 4.3  Marriage / Birth Certificate
- 4.4  Certified True Copy of Claimant's NRIC

Please submit complete claim documents to :

Etiqua Family Takaful Berhad,  
Level 17, Tower B,  
Dataran Maybank  
No1 , Jalan Maarof,  
59000 Kuala Lumpur.  
Tel: 03-2785 6055 ( Monday to Friday )

For EMBG Use

Received and checked by :

Date :