

ETIQA + APPS



AL-Hadid
DMJ

An Authorised Agent For

eTiQa
Family Takaful

ETIQA +

1. PAYMENT DUE/MAKE PAYMENT
2. PAYMENT TRANSACTION
3. GL HOSPITAL STATUS
4. SUBMIT CLAIM
5. VIEW CLAIM STATUS
6. ANNUAL STATEMENT



An Authorised Agent For





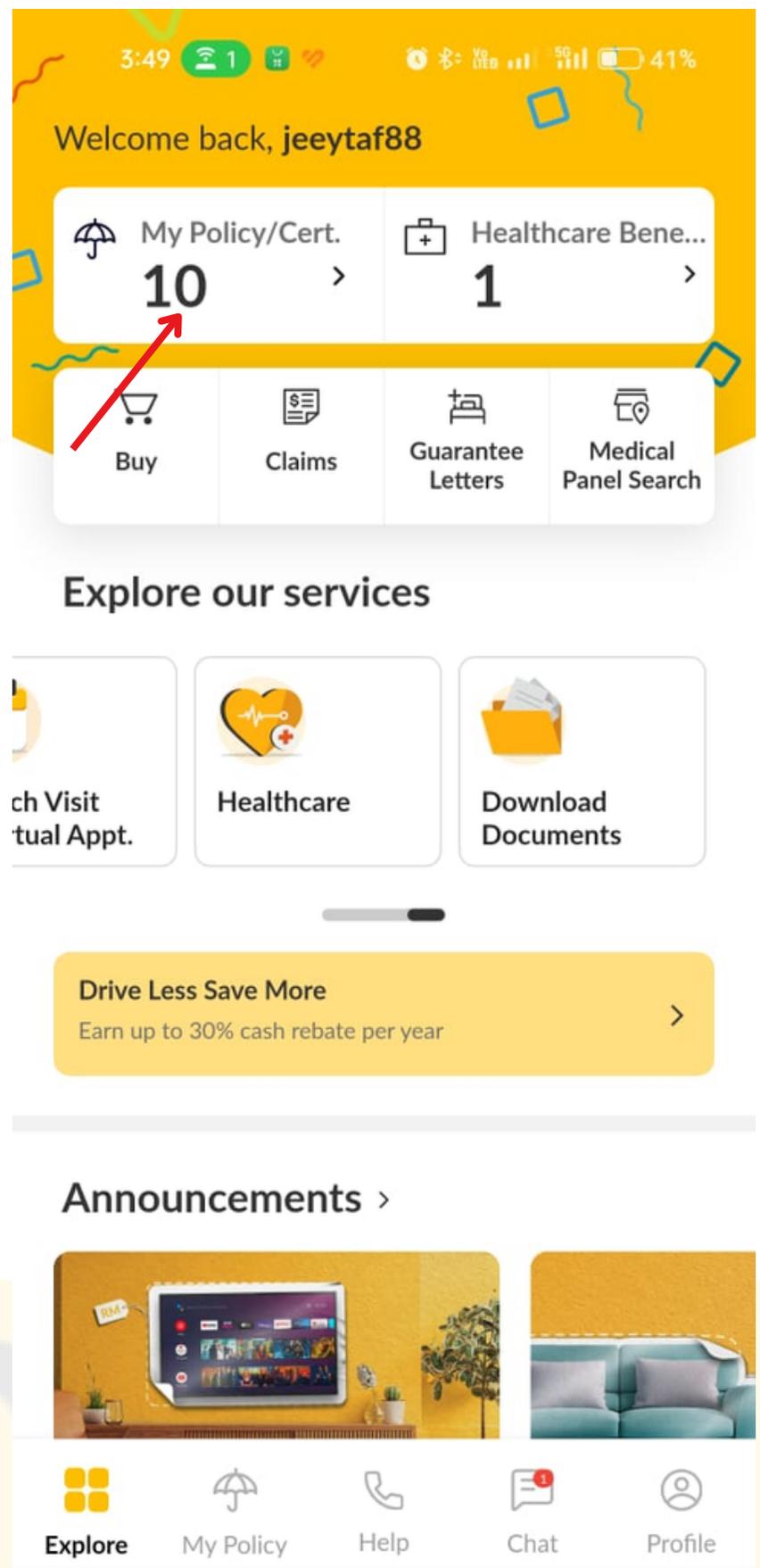
**PAYMENT DUE/
MAKE PAYMENT
ETIQA +**

AL-Hadid
DMJ

An Authorised Agent For

eTiQa
Family Takaful

CLICK MY POLICY



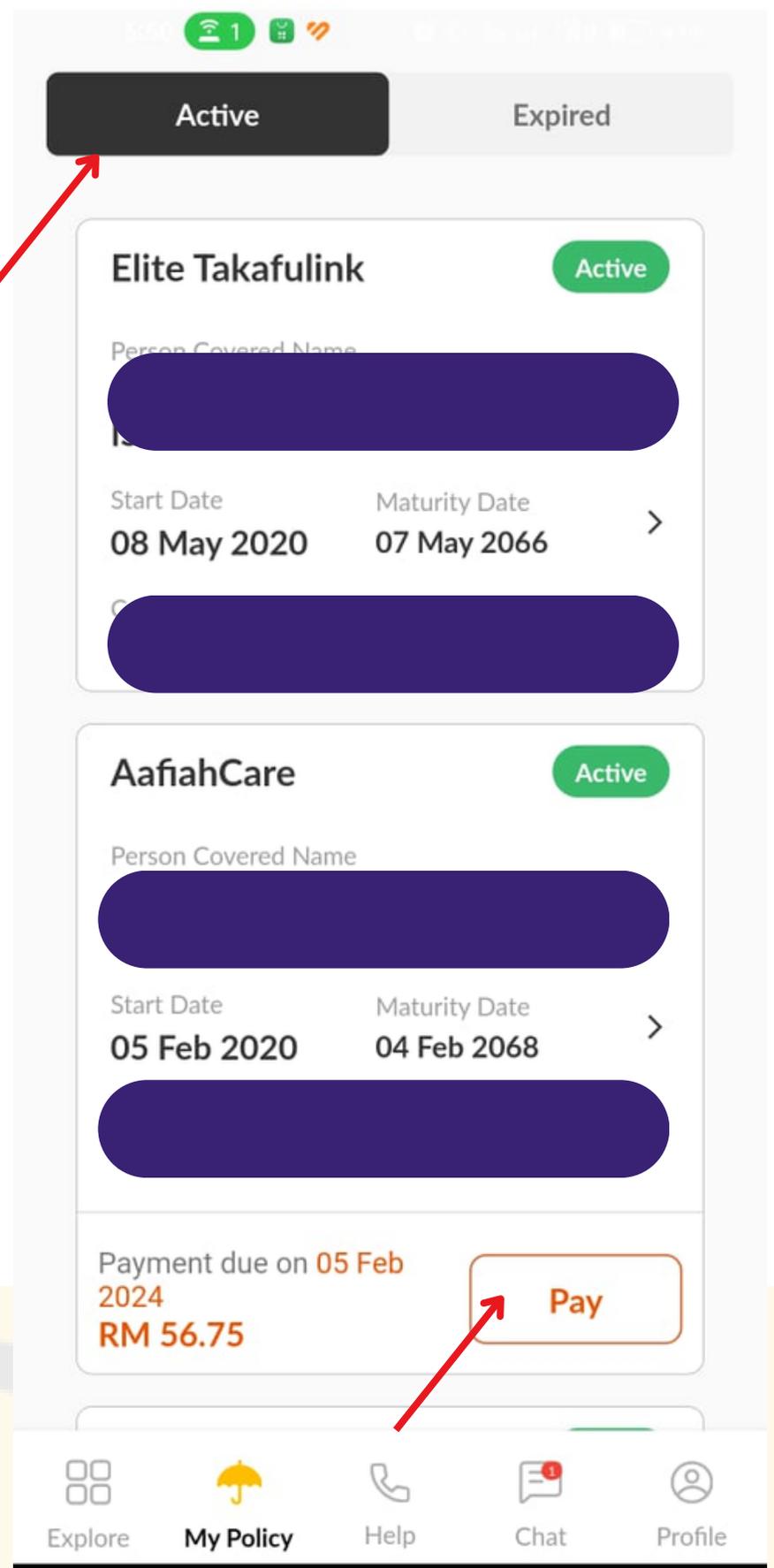
AL-Hadid
DMJ

An Authorised Agent For

eTiqa
Family Takaful

**CLICK ACTIVE AND
LIFE/FAMILY/MEDICAL**

CLICK PAY



AL-Hadid
DMJ

An Authorised Agent For

eTiqa
Family Takaful

CHOOSE PAYMENT METHOD

3:42       43%

✕  Make Payment
etiqa.com.my 

 **Payment Notification**

If you had already enrolled for Auto-Debit (your bank account) or Auto Credit Card deductions, please do not proceed for payment.
Call [Etiqa Online](#) if you require clarifications.

Credit / Debit Card

E-Wallet

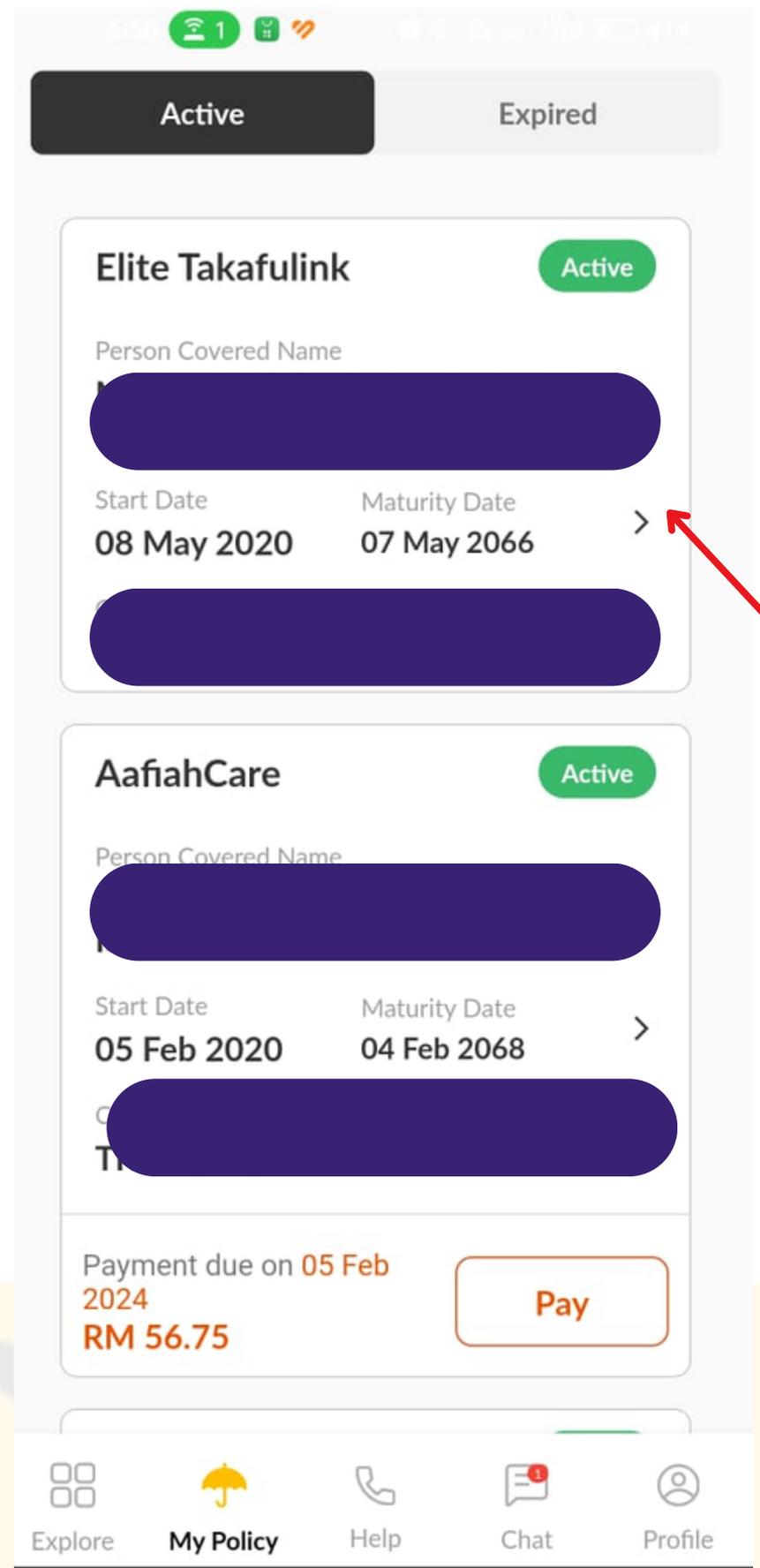
AL-Hadid
DMJ

An Authorised Agent For

eTiQa
Family Takaful

2

NEXT DUE DATE/ PAYMENT TRANSACTION



AL-Hadid
DMJ

An Authorised Agent For

eTiqa
Family Takaful

NEXT CONTRIBUTION DUE DATE



Certificate Details

Person Covered Name



Certificate Type

 Family Takaful

Effective Date
04 Jan 2023

Maturity Date
03 Jan 2110

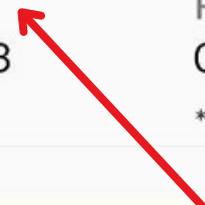
Contribution
RM 175.79

Contribution mode
Monthly

Next Contribution
Due Date
04 Apr 2023

Final Contribution
Payment Date
04 Dec 2109

* For basic plan only



Coverage Details

Harmoni

Sum covered
RM 48,500.00

Status
Inforce

PAYMENT TRANSACTION

CLICK VIEW ALL PAYMENT RECORD

RECORD



Fund Details

Fund Name

DANA EKUITI PRIMA TAKAFUL

Allocation (%)

100

Fund Units

2849.103

Bid Price

1.045

Price Date

2024-01-04

Net Asset Value (NAV)

2977.313

Payment and Receipts

[View all payment records](#)

AL-Hadid
DMJ

An Authorised Agent For

eTiQa
Family Takaful



GL HOSPITAL STATUS

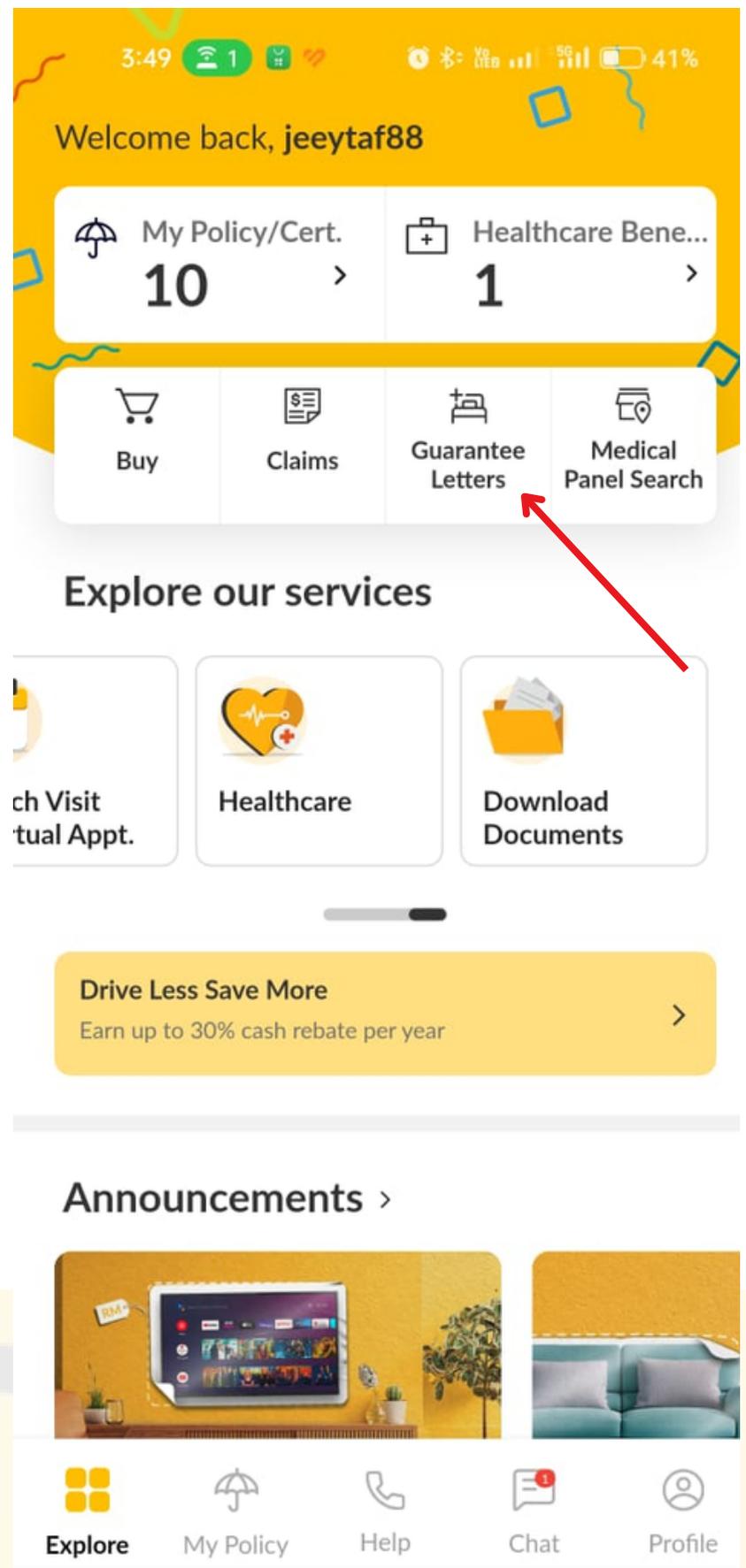


An Authorised Agent For

eTiQa

Family Takaful

**CLICK GUARANTEE
LETTER**

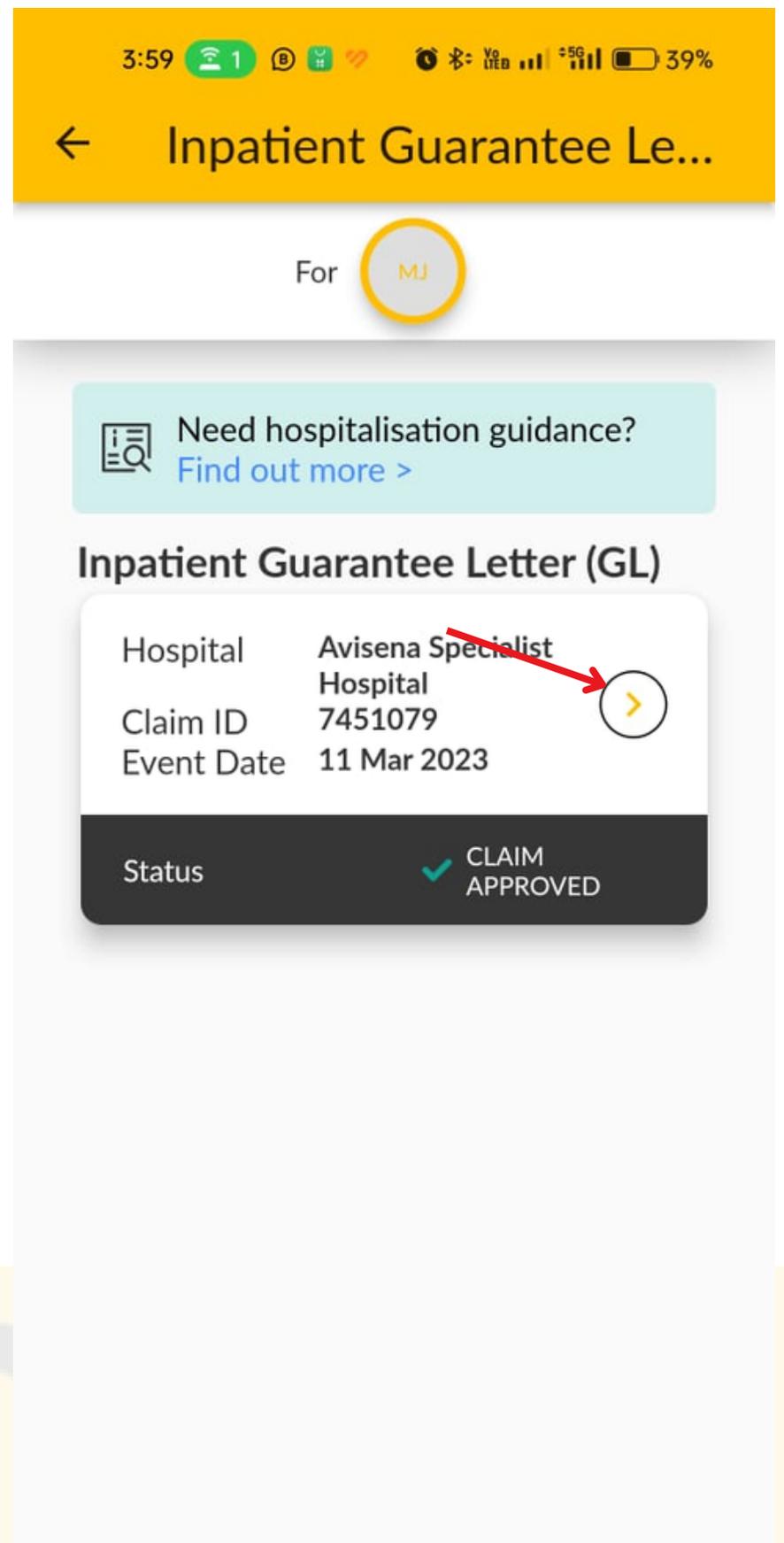


AL-Hadid
DMJ

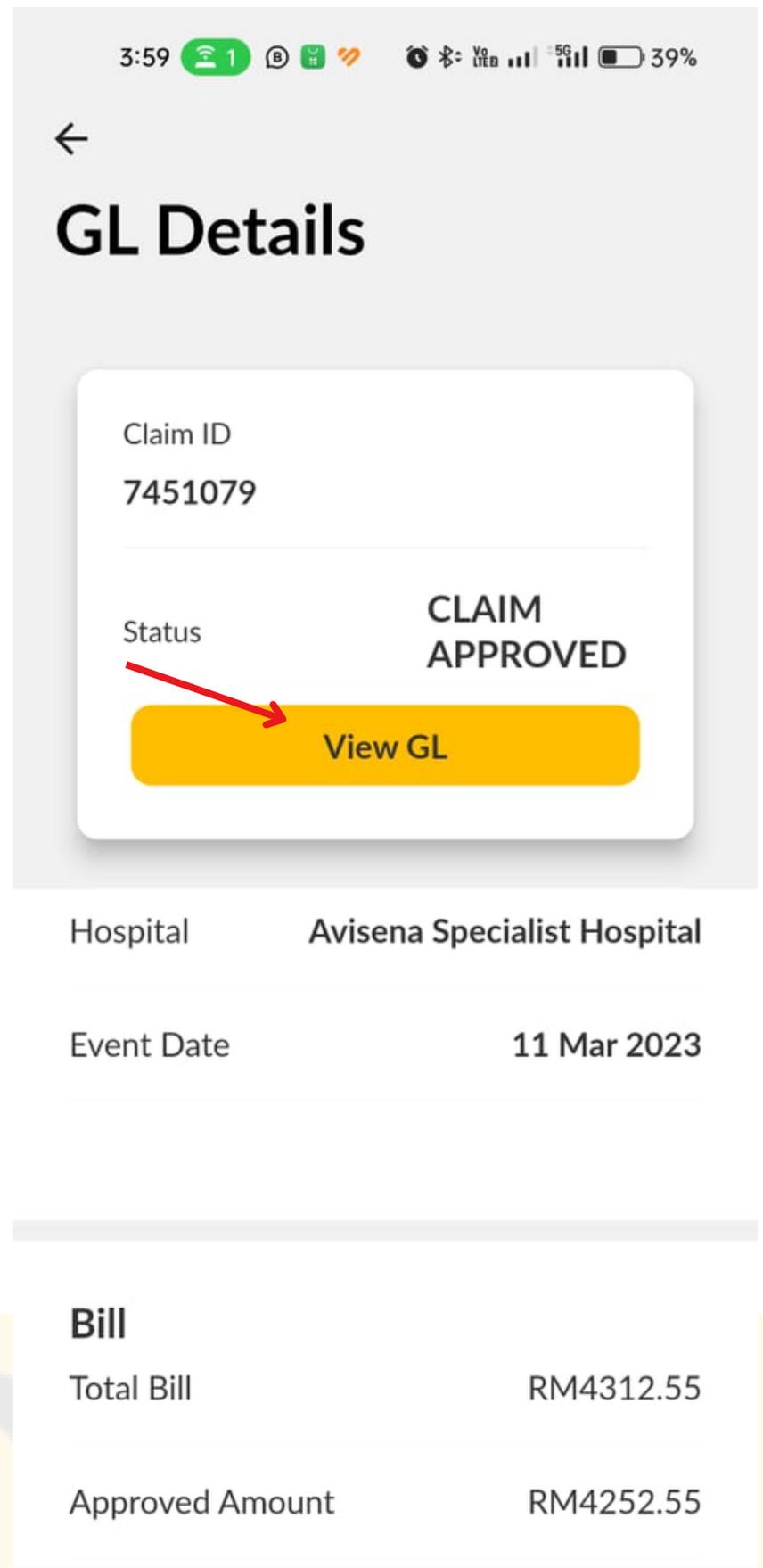
An Authorised Agent For

eTiqa
Family Takaful

CLICK ARROW



CLICK VIEW GL



AL-Hadid
DMJ

An Authorised Agent For

eTiQa
Family Takaful



SUBMIT CLAIM

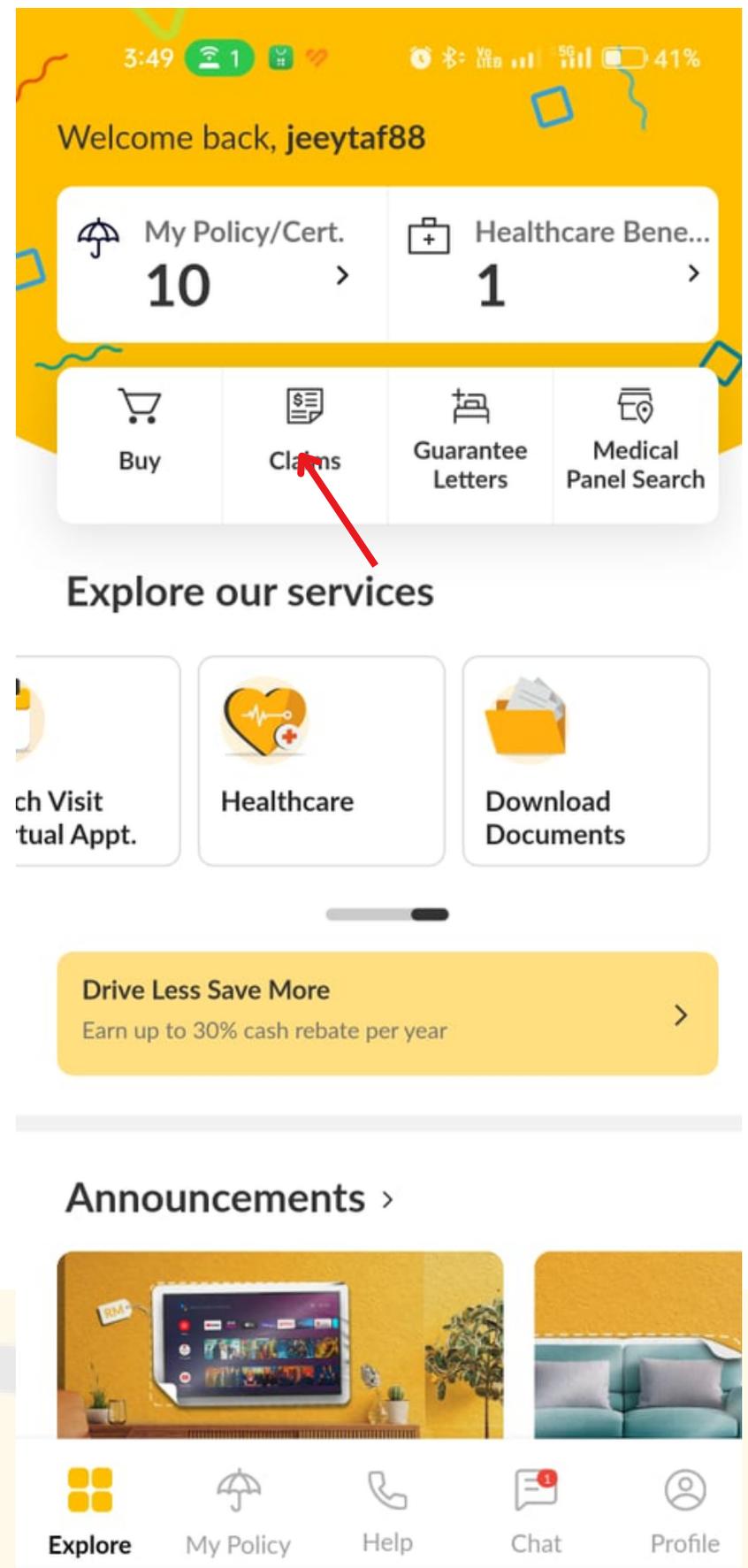
AL-Hadid
DMJ

An Authorised Agent For

eTiQa

Family Takaful

CLICK SUBMIT CLAIM

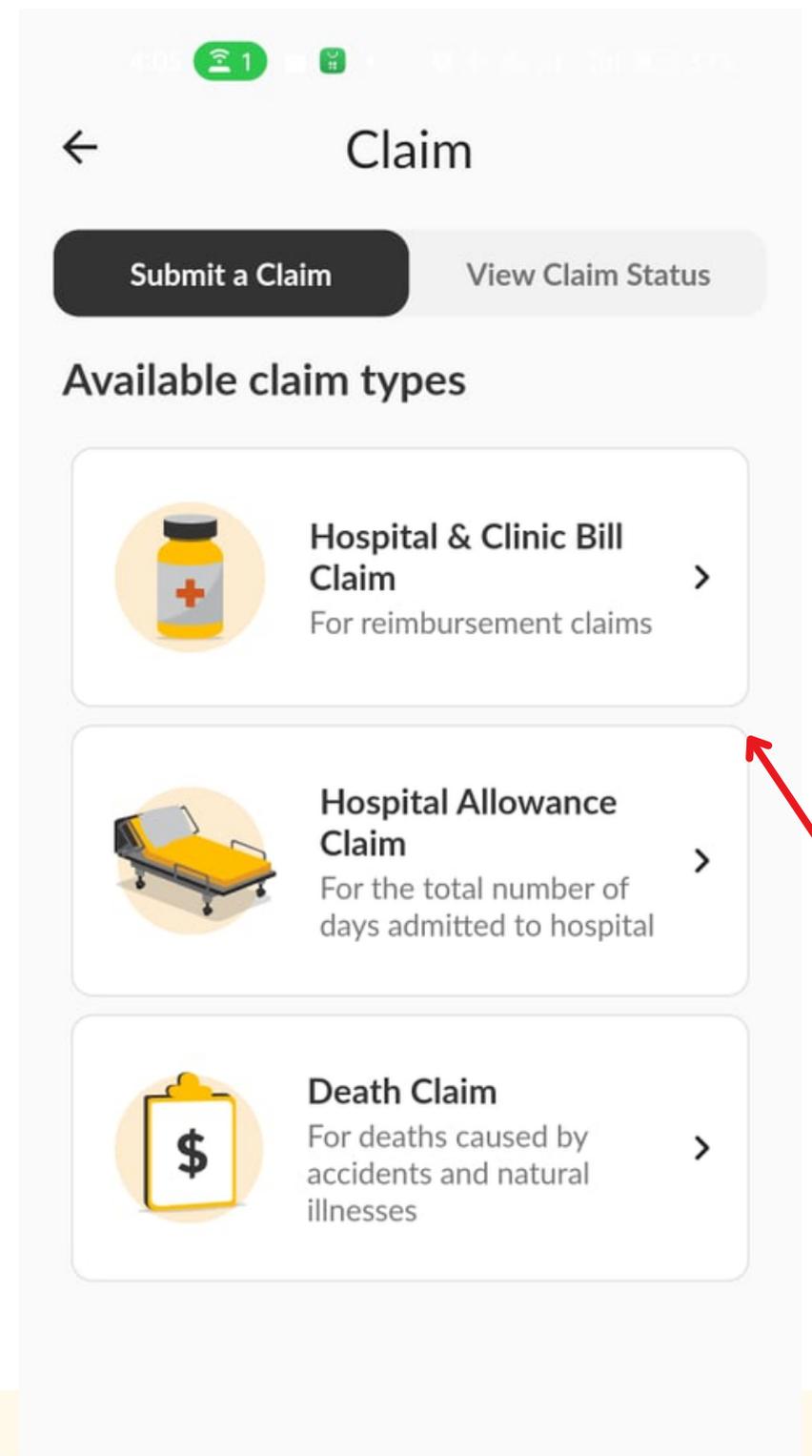


AL-Hadid
DMJ

An Authorised Agent For

eTiqa
Family Takaful

SELECT CLAIM TYPE



eTiqa+

AL-Hadid
DMJ

An Authorised Agent For

eTiqa
Family Takaful

CROSS (SUBMIT TO ETIQA) WITH RED PEN ONLY

Important Note

Before you proceed, do ensure that you have indicated "**Submitted to Etiqa**" in handwriting clearly on your original receipts.



GOLDEN HOSPITAL SDN BHD (2500004)
7 Jalan Duta 1, xxxxxxx, xxxxxxxx
xxxx Kuala Lumpur
Tel: +60x xxxxx xxxxx Fax: +60x xxxxx xxxxx

GOLDEN HOSPITAL

ORIGINAL

Official Receipt

MRN : TSR0452060 Date / Time : 05/06/2010 8:18:55 PM
Patient Name : Ahmed XXX XXXXXXXX XXXXX Receipt No: : 023456907
Address : A-5-3 XXXXX XXXXX XXXXXXXX XXXXXX Cashier: : Nurul Binti Mohamad
Kuala Lumpur
Malaysia

Payment Type	Paid By	Credit Card No	Expiry Date	Paid For	Amount (RM)
VISA	Ahmed XXX XXXXXXXX XXXXX	*****8920	04/24	INVOICE	350.00
Total Amount Received					350.00

Submitted to Etiqa Signature (Cashier)
Nurul Binti Mohamad

Note: This official receipt is only valid subject upon to clearance of payment

Only handwriting with RED/BLUE PEN on the ORIGINAL RECEIPT is accepted.

Got it

AL-Hadid
DMJ

An Authorised Agent For

eTiqa
Family Takaful

Exit

Choose which coverage to claim from

You can select either one coverage

Corporate Benefit

Employee Name EFTB
[REDACTED]

Company Name
ETIQA TAKAFUL BERHAD/WAKIL
ETIQA TAKAFUL

Policy/Certificate No.
[REDACTED]

Policy/Certificate End Date
31 Dec 2023

Individual Benefit

Product Name EFTB
TAKAFUL MEDICAL PLUS

Policy Owner

CONTINUE

SELECT POLICY

AL-Hadid
DMJ

An Authorised Agent For

eTiqa
Family Takaful

FILL UP DETAILS

← Exit

Claim Details

Claim for
Inpatient/Hospitalization

Date of event/
admission Date of discharge

Provider
Non Panel Provider

Provider Name

Diagnosis

CONTINUE

UPLOAD FILE WRITE REMARK

← Exit

Upload Document

You can snap a picture of the mandatory documents to be uploaded

Total size not exceed 10MB and format - jpg, png only

Medical Reports	Upload File
Original Bill	Upload File
Original Receipt * Diagnosis to be indicated by the doctor * To speed up the process, please indicate "Submitted to Etiqa" in handwriting clearly on your Original Receipt How does this works?	Upload File
Copy of NRIC for Malaysians/ Passport for non-Malaysians	Upload File
Remarks	

CONTINUE

**TICK ALL
CONTINUE SUBMIT**

← Exit

Image1.jpg

Image1.jpg

I hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this claim application are genuine.

I am aware that I am required to keep all records, original receipts and other supporting documents in relation to this claim for a period of seven (7) years.

I am aware that Etiqua may request me to submit the original receipt or other supporting documents for verification or audit purposes.

CONTINUE

AL-Hadid
DMJ

An Authorised Agent For

eTiQa
Family Takaful



CLAIM STATUS

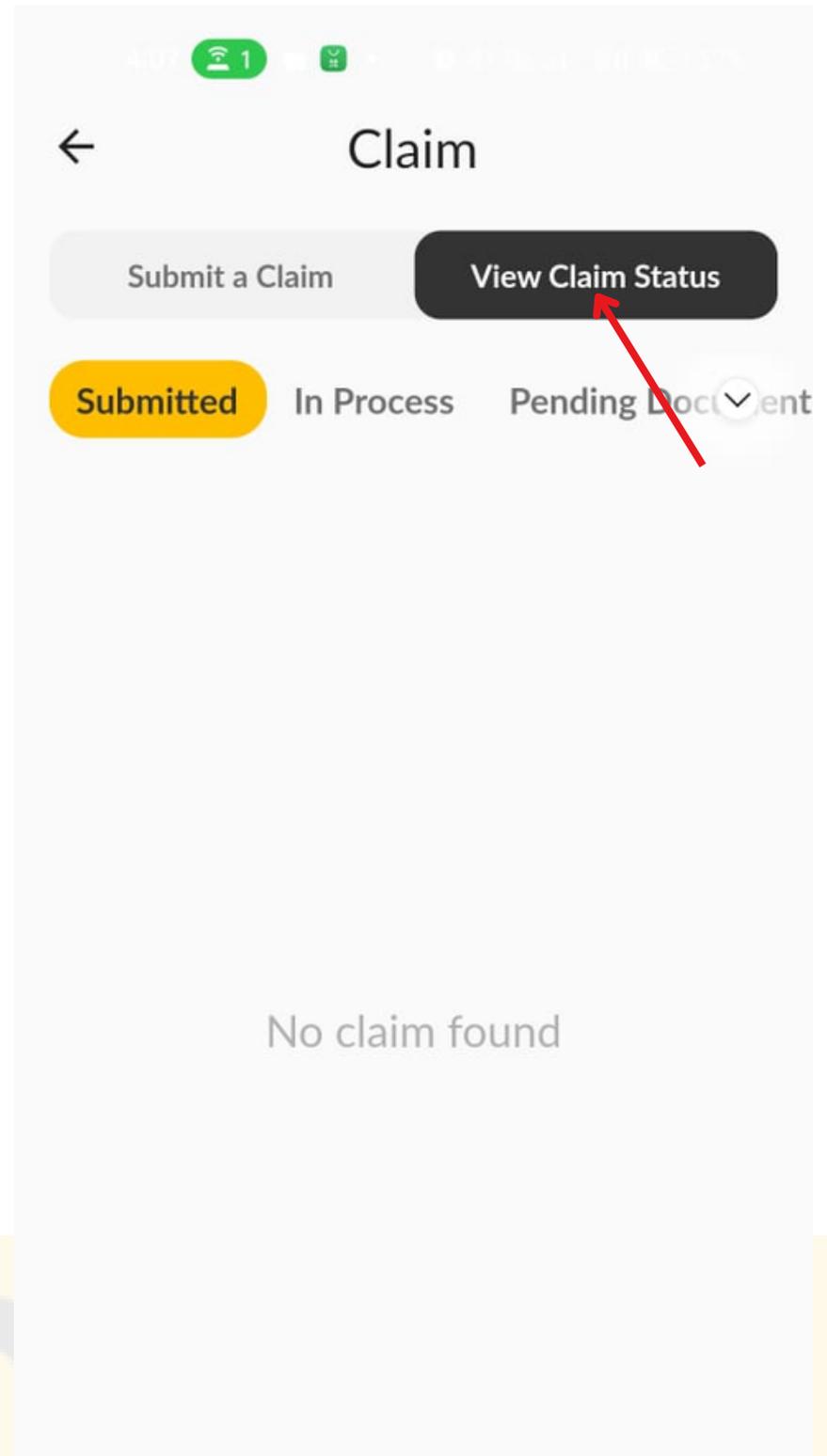
AL-Hadid
DMJ

An Authorised Agent For

eTiQa

Family Takaful

CLICK VIEW CLAIM

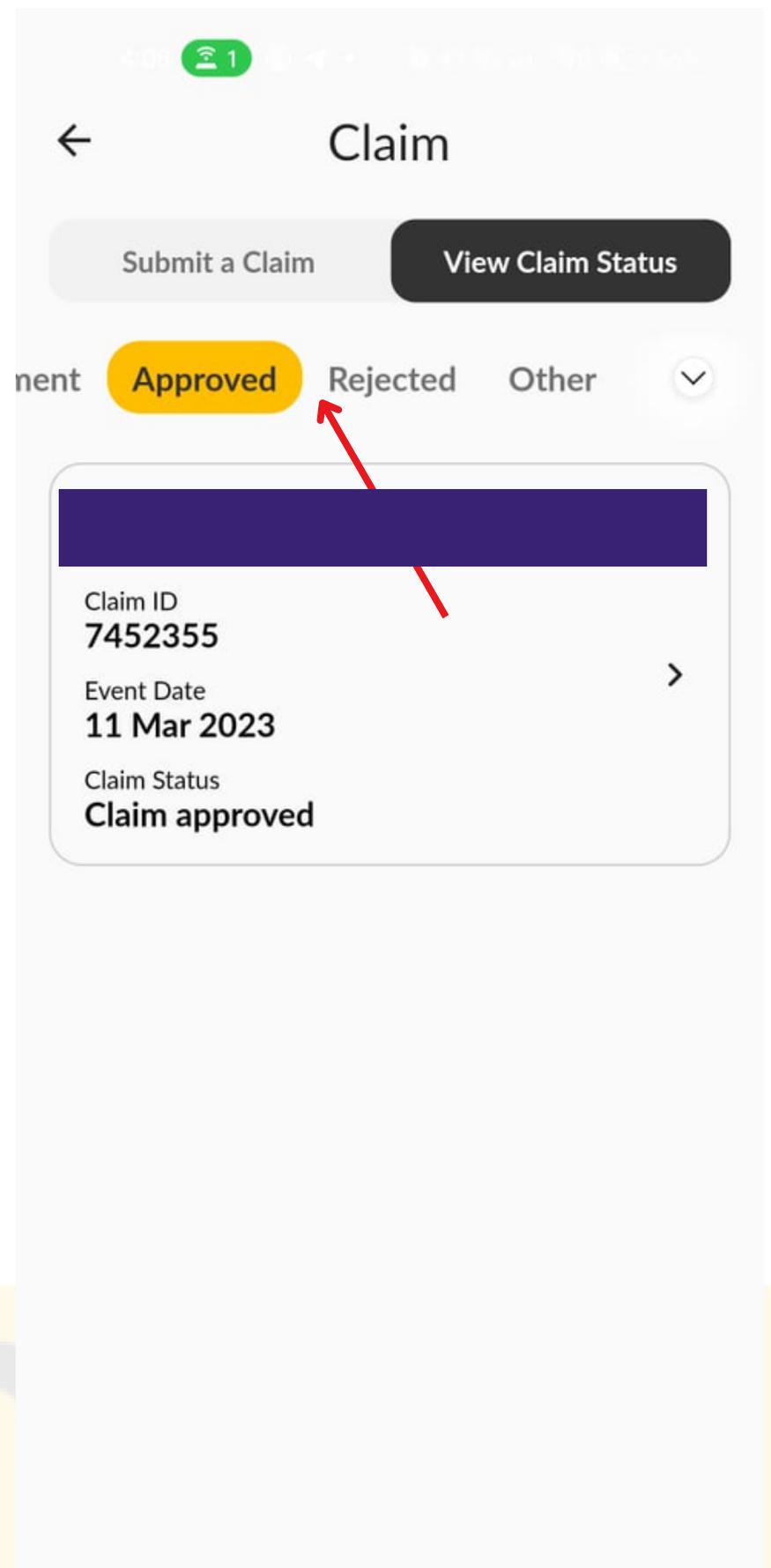


AL-Hadid
DMJ

An Authorised Agent For

eTiQa
Family Takaful

CLICK ALL SECTION





Claim Details

Claim Details

Claiming for	[REDACTED]
Claim ID	[REDACTED]
Claim Type	ip
Claim Status	Claim Approved
Event Date	11 Mar 2023
Submission Date	16/03/2023
Provider	Avisena Specialist Hospital
Total Bill	RM 80.0
Approved Amount	RM 80.0
Non Covered	RM 0.0
Remarks	N/A

Claim Status

CLAIM APPROVED

[View Letter](#)



**CLICK VIEW LETTER/
IF PENDING DOCUMENT
CLICK UPLOAD FILE
VIEW LETTER
ADD FILE TO SUBMIT**



ANNUAL STATEMENT

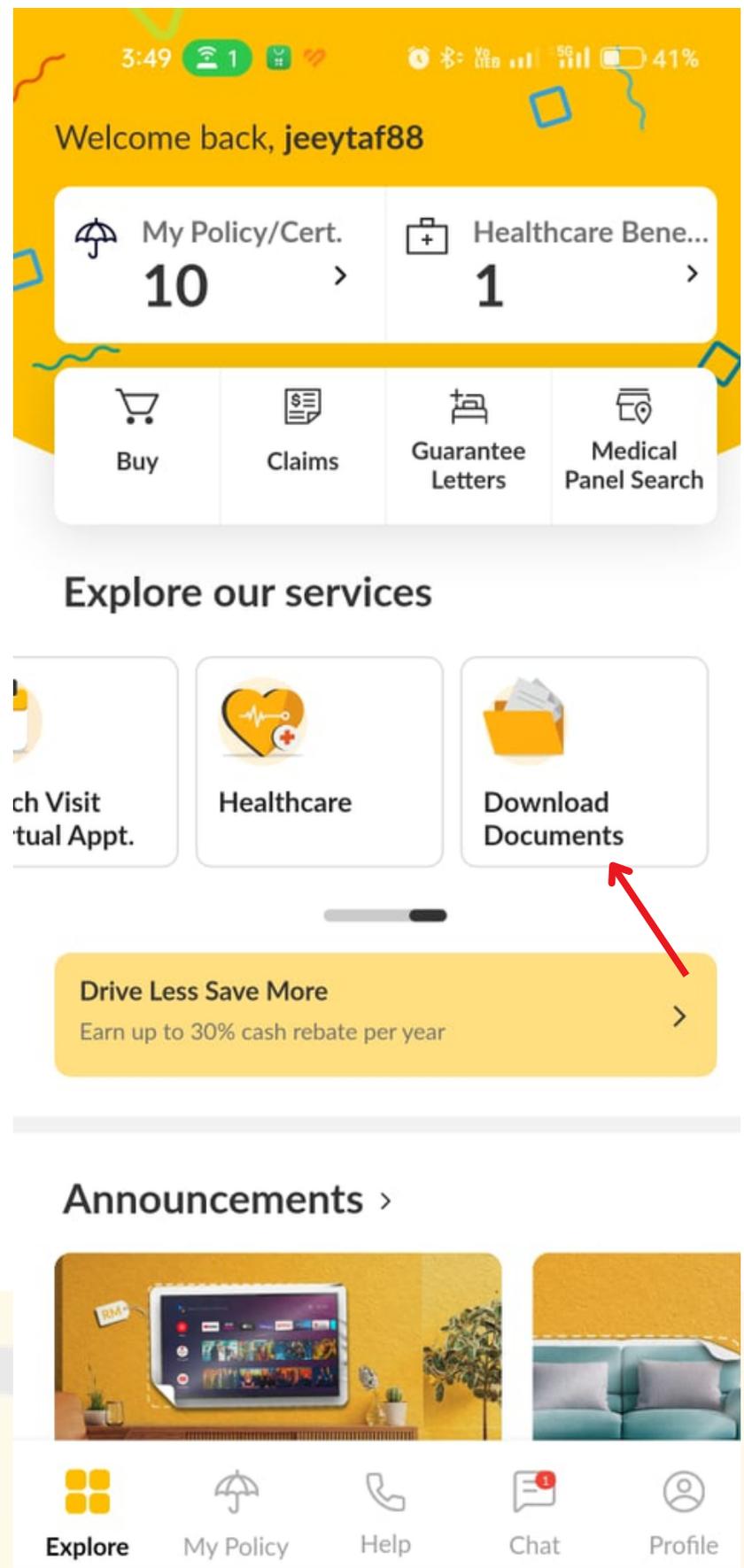
AL-Hadid
DMJ

An Authorised Agent For

eTiQa

Family Takaful

**CLICK DOWNLOAD
DOCUMENT
SELECT FILE**



AL-Hadid
DMJ

An Authorised Agent For

eTiqa
Family Takaful