

Requirement Checklist for Life 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 e-Partner.

Important Notes:

- Please ensure full compliance of these requirements in order for us to assess the claim without delay.
- Claims Officer / Customer Service Officer / Public Notary or Advocate & Solicitor / Justice of Peace / Ketua Balai Polis / District Officer / Medical Officer / Group Manager (GM) / Unit Manager (UM) may certify all claims documents except for claims incurred outside of Malaysia. For such claims, the confirmation of the claim event and all other related and relevant documents issued by the Foreign Authority must be certified by the Malaysian Embassy or a Public Notary in the foreign country.
- Please ensure that all certified copies of the claim documents are duly signed and stamped with the name and rank of the above parties at all times. For certification by an agent, customer's signature on the document is required. The document should indicate their official rubberstamp, including their name, account number, and designation.
- The Company may request for additional documents/reports if deemed necessary.

Direct Credit		
☐ Direct Credit Facility Form		
Death Claims		
☐ Death Claim Form – Claimant's Statement ☐ Death Claim Doctor's Statement (for policy less than 5 years from date of commencement or date of reinstatement, whichever is later) ☐ CTC of Death Certificate ☐ CTC of Deceased's NRIC ☐ CTC of Claimant's NRIC ☐ CTC of Detailed Post Mortem Report, if any ☐ Letter of Authorisation/Consent (To Obtain Further Information for Death - 3 copies) ☐ Grant of Probate/Letter of Administration, for policy without nomination	<u>Additional Requirements for Death due to Accident</u> ☐ Accidental Death Benefit Claim Form ☐ Copy of Newspaper Cutting, if any ☐ CTC of Deceased's Driving License ☐ CTC of Police Investigation Report, if any ☐ CTC of Police Report ☐ CTC of Detailed Post Mortem and Toxicology Report <u>Additional Requirements for death claim for Conversion of Secondary Life Assured (SLA)</u> ☐ Customer Details Form (PSF40) completed by SLA	<u>Important Notes</u> If the Deceased is a non-Malaysian or if the death event occurred outside Malaysia (except Singapore), please attach :- (i) CTC of Deceased's Full Passport Book/Citizenship Certificate (ii) CTC of Confirmation letter from National Registration Department (for death outside of Malaysia)
Total and Permanent Disability Claims		
☐ Total Permanent Disability Claim Form – Claimant's Statement ☐ Total Permanent Disability Claim – Doctor's Statement ☐ Letter of Authorisation/Consent (To Obtain Further Information for Non-Death – 3 copies) ☐ CTC of Life Assured's NRIC ☐ CTC of Claimant's NRIC (if different from Life Assured) ☐ CTC of all relevant investigation test results or reports ☐ CTC of Employment Letter ☐ CTC of Employment Termination Letter ☐ CTC EPF Withdrawal Letter	☐ CTC of PERKESO Offer Letter and PERKESO 'Keputusan Jemaah Doktor' ☐ CTC of Medical Report for application of PERKESO Keilatan ☐ CTC of Medically Boarded Out Letter from Employer with Medical Report ☐ CTC of Newspaper Cutting (accidental cause), if any ☐ CTC of Police Report (accidental cause)	<u>Important Notes</u> If Life Assured is a non-Malaysian or event occurred outside Malaysia (except Singapore) (i) CTC of Life Assured's Full Passport Book
Living Assurance Claims		
☐ Living Assurance Claim Form – Claimant's Statement ☐ Confidential Medical Certificate ☐ Letter of Authorisation/Consent (To Obtain Further Information for Non-Death – 3 copies) ☐ CTC of Life Assured's NRIC ☐ CTC of Claimant's NRIC (if different from Life Assured)	☐ CTC of all relevant investigation test results or reports for individual Covered Event (please refer to the list of Covered Events (A) on the reverse side)	<u>Important Notes</u> If Life Assured is a non-Malaysian or event occurred outside Malaysia (except Singapore) (i) CTC of Life Assured's Full Passport Book
Accident Rider Claims		
☐ Accident Claim Form – Claimant's Statement ☐ Accident Claim Form – Attending Physician's Statement (to be completed by treating doctor) ☐ Letter of Authorisation/Consent (To Obtain Further Information for Non-Death – 3 copies) ☐ CTC of Life Assured's NRIC ☐ CTC of Claimant's NRIC (if different from Life Assured) ☐ CTC of Driving License, if due to road traffic accident ☐ CTC of Police Report(s) ☐ Original or CTC of Medical Certificate(s) ☐ Original Itemised Bill(s)/Tax Invoice(s) ☐ Original Receipt(s)	<u>For Fracture, slipped disc, head/joint injury and severance of any body part, please attach</u> ☐ CTC of CT Scan Report(s) ☐ CTC of MRI Report(s) ☐ CTC of X-ray Report(s) <u>Important Notes</u> If Life Assured is a non-Malaysian or event occurred outside Malaysia (except Singapore) (i) CTC of Life Assured's Full Passport Book	
Great Lady Rider / Mother or Child Illness Claims		
☐ Great Lady Rider/Mother or Child Illness Claim Form - Claimant's Statement ☐ CTC of Life Assured's NRIC ☐ CTC of Claimant's NRIC (if different from Life Assured) Letter of Authorisation/Consent (To Obtain Further Information for Non-Death – 3 copies) <u>'Great Lady – Child Birth'</u> ☐ CTC of Child's Birth Certificate ☐ CTC of Hospital/Admission Bill(s) for Caesarean Procedure	<u>'Great Lady – Other than Child Birth' or 'Mother or Child Illness'</u> ☐ Confidential Medical Certificate – Great Lady Rider/Mother or Child Illness ☐ CTC of all relevant investigation report(s) and medical report(s) ☐ CTC of Hospital/Admission Bill(s) <u>Important Notes</u> If Life Assured is a non-Malaysian or event occurred outside Malaysia (except Singapore) (i) CTC of Life Assured's Full Passport Book	

Note: CTC = Certified True Copy

For Office Use
Checked By : _____
Check Date : _____

A. LIST OF COVERED EVENTS AND THE REQUIRED MEDICAL EVIDENCE

- 1. AIDS Cover for Medical Staff**
 - Medical Questionnaire: HIV-related Conditions
 - Diagnostic test reports: HIV Antibody test by ELISA method within 5 days of the event/accident, HIV Antibody test by ELISA method 3 – 6 months from date of blood transfusion, Western Blot test
 - Statement from statutory Health Authority to confirm that the disease was occupationally acquired
- 2. Alzheimer's Disease/Irreversible Organic Degenerative Brain Disorder**
 - Medical Questionnaire (Alzheimer) by attending physician
 - CT scan/MRI Brain report
- 3. Angioplasty and Other Invasive Treatments for Major Coronary Artery Disease**
 - Coronary Angiogram report
 - Percutaneous Coronary Intervention (PCI) or Laser treatment report
- 4. Apallic Syndrome**
 - CT scan/MRI Brain report
- 5. Bacterial Meningitis**
 - Diagnostic test report: CT/MRI Scan Brain and Spine report, Lumbar puncture test report, CSF culture report
- 6. Benign Brain Tumour**
 - Diagnostic test reports: CT scan/MRI Brain report, Histopathology report, if available
- 7. Blindness**
 - Medical Questionnaire: Eyes, Ears & Speech-related Conditions (to be completed by Ophthalmologist)
 - Visual Acuity report on both eyes by Ophthalmologist
- 8. Brain Surgery**
 - Brain Surgery report
 - CT scan/MRI Brain report (Pre & Post Surgery, if any)
- 9. Cancer**
 - Histopathology report (if Biopsy cannot be done, to submit other diagnostic report: CT/MRI & Cancer Marker blood test reports)
 - Bone Marrow Aspiration/Trephine Biopsy report (Leukemia only)
 - CT scan/MRI report, if available
 - Blood and laboratory test report
- 10. Chronic Aplastic Anemia**
 - Diagnostic test reports: Bone Marrow aspiration report, Blood transfusion record, Bone Marrow transplant report, Full Blood Picture report
- 11. Chronic Relapsing Pancreatitis**
 - Diagnostic test reports: CT Abdomen report, Endoscopic Retrograde Cholangiopancreatography (ERCP) test result, Blood test – Serum Pancreatic Enzyme test
- 12. Coma**
 - Diagnostic test reports: CT scan/MRI Brain report
 - All relevant investigation results in support of the diagnosis
- 13. Coronary Artery Disease Requiring Surgery**
 - Coronary Artery By-Pass Surgery report
 - Coronary Angiogram report
- 14. Creutzfeldt-Jakob Disease**
 - Diagnostic test reports: CT & /MRI Brain report, Electroencephalography (EEG) report, Cerebrospinal Fluid (CSF) test report
- 15. Elephantiasis**
 - Blood test for Microfilariae
- 16. Encephalitis**
 - CT scan/MRI Brain report
- 17. End Stage Liver Failure**
 - Medical Questionnaire: Liver-related Conditions
 - Diagnostic test reports: Liver Function test results, CT scan report of Liver
 - All laboratory, pathology, hepatitis screening, ultrasound & histology reports
- 18. End Stage Lung Disease**
 - Medical Questionnaire: Lung-related Conditions
 - Diagnostic test reports: Arterial Blood Gas test results, Pulmonary Function test results inclusive of FEV1 test
- 19. Full Blown AIDS**
 - Medical Questionnaire: HIV-related Conditions
 - Diagnostic test reports: HIV antibody test by ELISA method, Western Blot test, CD4 Cell Count
 - All serial Full Blood Picture blood test result
 - Histopathology examination (HPE)/Biopsy report for Kaposi sarcoma or Malignant lymphoma, if available
 - CT scan/MRI of Brain for Progressive Multifocal Leukoencephalopathy
 - Sputum C & S report, if available
 - Sputum AFB (if Tuberculosis)
 - Chest X-ray report (if Tuberculosis/Pneumonia)
- 20. Fulminant Viral Hepatitis**
 - Medical Questionnaire: Liver-related Conditions
 - Diagnostic test reports: Liver Function test results, Hepatitis Viral Serology test, Abdominal Ultrasound, CT scan report of Liver
- 21. Heart Attack**
 - Cardiac Enzymes Assay Results (CK-MB, Troponin I/Troponin T)
 - ECG tracings
 - Echocardiogram/Coronary Angiogram report
 - Angioplasty Surgery report, if any
- 22. Heart Valve Replacement**
 - Heart Valve Surgery report
 - Echocardiogram report
- 23. HIV Infection due to Blood Transfusion**
 - Medical Questionnaire: HIV-related Conditions
 - Diagnostic test reports: HIV Antibody test by ELISA method on the date of blood transfusion, HIV Antibody test by ELISA method 3 – 6 months from date of blood transfusion, Western Blot test
 - Statement from statutory Health Authority to confirm that the disease was medically acquired
- 24. Kidney Failure**
 - Medical Questionnaire: Kidney-related Conditions
 - Diagnostic test reports: Kidney Dialysis report/Dialysis receipts since the first dialysis initiated (for 3 consecutive months)
 - Kidney transplantation report
 - Renal function test results with eGFR results over past 6 months
 - Full Blood Count
 - Urinalysis report
 - Ultrasound or CT scan report of kidney
 - Histopathology report, if any
- 25. Loss of Hearing/Deafness**
 - Medical Questionnaire: Eyes, Ears & Speech-related Conditions
 - Diagnostic test reports: Pure Tone Audiometry test report, Brainstem Auditory Evoked Response (BAER) report
- 26. Loss of Independent Existence**
 - Diagnostic test reports: CT scan/MRI report, Ultrasound report, Surgery report, Blood test report
- 27. Loss of Speech**
 - Medical Questionnaire: Eyes, Ears & Speech-related Conditions
 - Laryngoscopy report
- 28. Major Burns**
 - Medical Questionnaire: Major Burns
- 29. Major Head Trauma**
 - CT scan/MRI Brain report
 - Police report, if any
- 30. Major Organ Transplant**
 - Surgery report
- 31. Medullary Cystic Disease**
 - Medical Questionnaire: Kidney-related Conditions
 - Diagnostic test reports: Kidney Biopsy report, Renal Function test with eGFR result over past 6 months
 - Full Blood Count
 - Urinalysis report
 - Ultrasound or CT scan report of Kidney
 - Kidney Dialysis report/Dialysis receipts
- 32. Motor Neuron Disease**
 - Diagnostic test reports: CT scan/MRI report of the Brain and Spine, Electromyography (EMG) test results, Nerve conduction study/Evoked potential test
 - All relevant investigation results in support of the diagnosis
- 33. Multiple Sclerosis**
 - Diagnostic test reports: CT scan & MRI Brain and Spine report
 - Nerve conduction study/Evoked potential test
- 34. Muscular Dystrophy**
 - Diagnostic test reports: Lumbar Puncture, Electromyography (EMG) test result, Muscle Biopsy
- 35. Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection**
 - Medical Questionnaire: HIV-related Conditions
 - Diagnostic test reports: HIV Confirmatory blood test, HIV Blood test report within 7 days and 6 months of accident
 - Confirmatory statement from statutory Health Authority to confirm that the disease was occupationally acquired
- 36. Other Serious Coronary Artery Disease**
 - Coronary Angiogram report
- 37. Paralysis/Paraplegia**
 - X-ray/CT Scan/MRI report
- 38. Parkinson's Disease**
 - CT scan/MRI Brain report
- 39. Poliomyelitis**
 - Diagnostic test reports: Poliovirus test result, Electromyography (EMG) test result
 - All relevant investigation results in support of the diagnosis
- 40. Primary Pulmonary Arterial Hypertension**
 - Diagnostic test reports: All clinical and laboratory investigation results including Cardiac Catheterization, Echocardiogram report
- 41. Progressive Scleroderma**
 - Diagnostic test reports: Blood test ANA, Blood test Kidney Function test, Skin biopsy, CT Lungs/Kidneys/Echocardiogram
- 42. Severe Cardiomyopathy**
 - Diagnostic test report: Echocardiographic report
 - Cardiac Catheterization report
- 43. Stroke**
 - CT scan/MRI Brain report
- 44. Surgery to Aorta**
 - Aorta Surgery report
- 45. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis**
 - Medical Questionnaire: Kidney-related Conditions
 - Diagnostic test reports: Lupus Erythematosus (LE) cell blood test result, Anti-DNA Antibodies blood test results, Urine FEME results over past 6 months, Renal function tests with eGFR results over past 6 months, Renal biopsy report
- 46. Terminal Disease**
 - All relevant investigation results in support of the diagnosis
- 47. Other Illnesses**
 - All relevant investigation results in support of the diagnosis

B. LIST OF COVERED EVENTS AND THE REQUIRED MEDICAL EVIDENCE FOR 'MOTHER OR CHILD ILLNESS'

- 1. Abruptio Placenta**
 - Blood Oral Glucose Tolerance test report, if with Gestational Diabetes Mellitus
 - Caesarean Surgery report, if any
 - Daftar Kematian/Permit Mengubur
 - Stillbirth Certificate/Sijil Kelahiran Mati, if any
 - Hospital/Admission Bill, if admitted to ICU/HDU
- 2. Acute Fatty Liver in Pregnancy**
 - Diagnostic test result: Ultrasound Liver & /CT Abdomen report, Blood – Liver Function test report
 - Blood Oral Glucose Tolerance test report, if with Gestational Diabetes Mellitus
 - Hospital/Admission Bill, if admitted to ICU/HDU
- 3. Amniotic Fluid Embolism**
 - Chest X-ray & /CT Thorax report
 - Blood Oral Glucose Tolerance test report, if with Gestational Diabetes Mellitus
 - Hospital/Admission Bill, if admitted to ICU/HDU
- 4. Chikungunya Fever with Complications**
 - Blood test report to confirm Chikungunya Virus
 - Echocardiogram & /Cardiac MRI report, if any
 - Ultrasound Abdomen & /CT Abdomen report
 - Blood – Liver Function test report
 - CT/MRI Brain report
 - MRI Spine report
- 5. Creutzfeldt-Jakob Disease with Hospitalization**
 - Diagnostic test report to confirm Creutzfeldt-Jakob disease
 - Electroencephalogram (EEG) report
 - Cerebrospinal Fluid (CSF)
 - CT/MRI Brain report
 - Discharge Summary/Discharge Note
- 6. Dengue Haemorrhagic Fever**
 - Diagnostic test report to confirm Dengue infection
 - Dengue Serology test report
 - Full Blood Picture with Hematocrit report
 - Blood – Liver Function test report
 - Blood test to confirm Metabolic Acidosis
 - Chest X-ray report
 - Ultrasound Abdomen & /CT Abdomen report
 - Discharge Summary/Discharge Note
- 7. Disseminated Intravascular Coagulation (D.I.C.) Due To Pregnancy**
 - Blood test reports: Full Blood Picture, Prothrombin Time (PT), Partial Thromboplastin Time (PTT)
 - Blood Oral Glucose Tolerance test report, if with Gestational Diabetes Mellitus
 - D-dimer, if any
 - Fibrinogen, if any
 - Hospital/Admission Bill, if admitted to ICU/HDU
- 8. Ebola Virus Infection with Hospitalization**
 - Diagnostic test report to confirm Ebola
 - Discharge Summary/Discharge Note
- 9. Eclampsia**
 - Urine FEME report
 - Blood Oral Glucose Tolerance test report, if with Gestational Diabetes Mellitus
 - Hospital/Admission Bill, if admitted to ICU/HDU
- 10. Emergency Caesarean Section for Early Delivery (before 36 weeks of gestation)**
 - Caesarean Surgery report
- 11. Hand Foot Mouth Disease with Complications**
 - Diagnostic test reports: Viral test report to confirm Hand Foot Mouth Disease, CT /MRI Brain report
 - Echocardiogram & /Cardiac MRI
- 12. Influenza A – Avian Influenza A (H7N9) & A (H5N1) with Hospitalization**
 - Diagnostic test report to confirm Influenza A
 - Discharge Summary/Discharge Note
- 13. Japanese Encephalitis with Hospitalization**
 - Diagnostic test report to confirm Japanese Encephalitis
 - Cerebrospinal Fluid (CSF) Culture report
 - CT/MRI Brain report
 - Discharge Summary/Discharge Note
- 14. Malaria with Hospitalization**
 - Diagnostic test report to confirm Malaria
 - Blood – Light Microscopy Blood Film test for Malaria Parasite
 - Discharge Summary/Discharge Note
- 15. Maternity Cancer**
 - Histopathology report
 - Diagnostic test reports: CT/MRI, Cancer Marker blood test report, if Biopsy cannot be done
 - Bone Marrow Aspiration/Trephine Biopsy report (Leukemia only)
 - Blood and laboratory test report
- 16. Measles with Complications**
 - Diagnostic test reports: Chest X-ray report, CT/MRI Brain report, Ultrasound Abdomen & /CT Abdomen report, Blood – Liver Function test report
 - Electroencephalogram (EEG) report, if any
- 17. Middle East Respiratory Syndrome Coronavirus (MERS-CoV) with Hospitalization**
 - Diagnostic test report to confirm MERS
 - MERS CoV RNA test report
 - Discharge Summary/Discharge Note
- 18. Neonatal Jaundice**
 - Blood – Total Serum Bilirubin (TSB) report
 - Itemized Hospital Bill for Phototherapy
- 19. Nipah Virus Encephalitis with Hospitalization**
 - Diagnostic test report to confirm Nipah
 - CT/MRI Brain report
 - Discharge Summary/Discharge Note
- 20. Placenta Increta/Percreta**
 - Placenta Histology report
 - Blood Oral Glucose Tolerance test report, if with Gestational Diabetes Mellitus
 - Ultrasound Uterus report, if any
 - Hospital/Admission Bill, if admitted to ICU/HDU
- 21. Postpartum Haemorrhage**
 - Hysterectomy Histology or Surgery report
 - Blood Oral Glucose Tolerance test report, if with Gestational Diabetes Mellitus
 - Ultrasound Uterus report, if any
 - Hospital/Admission Bill, if admitted to ICU/HDU
- 22. Major Depressive Disorder (MDD) (up to 1 year after delivery)**
 - Medical Questionnaire: Major Depressive Disorder
 - Detailed Psychiatric medical report
- 23. Generalised Anxiety Disorder (GAD) (up to 1 year after delivery)**
 - Medical Questionnaire: Generalised Anxiety Disorder
 - Detailed Psychiatric medical report
- 24. Rabies**
 - Diagnostic test report to confirm Rabies
- 25. SARS with Hospitalization**
 - Diagnostic test report to confirm SARS
 - SARS – CoV RNA test report – 2 positive test result from 2 different sources or 2 different days
 - Discharge Summary/Discharge Note
- 26. Typhoid Fever with Complications**
 - Diagnostic test reports: Blood/Stool culture test report to confirm Typhoid infection, Blood – Widal /Tubex report
 - CT/MRI Abdomen report
 - CT/MRI Brain report, if any
- 27. Zika Virus Infection with Hospitalization**
 - Diagnostic test report to confirm Zika
 - Discharge Summary/Discharge Note
- 28. Uterine Rupture with surgery**
 - All diagnostic reports
 - Ultrasound Uterus report (if any)
 - Surgery report
- 29. Vasa Previa with caesarian section**
 - Ultrasound report
 - Caesarean Surgery Report
- 30. Other Illnesses**
 - All diagnostic reports
 - Hospital/Admission Bill
 - Surgery report (if surgery was performed)