

## ETIQA GROUP CLAIMS SUBMISSION CHECKLIST

### GROUP MAJOR & HOSPITAL BENEFITS CLAIMS

Note: We reserve the rights to request further documents if required

Please tick (✓) where applicable;

COMPULSORY FOR ALL CLAIM TYPE SUBMISSION:	
	Etiqa Group Claim Form : Group Major & Hospital Benefits Claims
	Certified copy of Claimant's / Payee's NRIC
	Bank Account Details of Payee and Company Registration Number (If payee is Contract/Policy holder)

DEATH / FUNERAL EXPANSES / KHAIRAT CLAIM	
	Death Statement of Medical Examiner (for policy duration < 5 years)
	Certified copy of Death Certificate
	Proof of relationship between claimant and Participant/Life Assured: Certified copy of ANY one below: <ul style="list-style-type: none"> <li>- Marriage/ Nikah Certificate if claimant is spouse</li> <li>- Birth Certificate (s) of Child if claimant is child/Children</li> <li>- Birth Certificate (s) of Deceased if claimant is parent (s)</li> <li>- If above is not available, please submit statutory declaration</li> </ul>
	Certified copy Sijil Faraid /Court Orders / Letter of Administration (if applicable)
	If death occurred in Overseas: <ul style="list-style-type: none"> <li>- Confirmation letter from National Registration Department (for death outside of Malaysia)</li> <li>- Death Certificate issued by the country where death occurred (if any)</li> <li>- Certification of death from the hospital where death occurred (if any)</li> <li>- Certification of death from the Malaysian Embassy in the foreign country where death occurred (if any)</li> </ul>

ACCIDENTAL DEATH CLAIM	
	Death Statement of Medical Examiner
	Certified copy of Death Certificate
	Certified copy of : Police Report , Post Mortem report (if any), Newspaper/Online News cutting (Where applicable)
	Proof of relationship between claimant and Participant/Life Assured : Certified copy of ANY one below: <ul style="list-style-type: none"> <li>- Marriage/ Nikah Certificate if claimant is spouse</li> <li>- Birth Certificate (s) of Child if claimant is child/Children</li> <li>- Birth Certificate (s) of Deceased if claimant is parent (s)</li> <li>- If above is not available, please submit statutory declaration</li> </ul>
	Certified copy : Sijil Faraid /Court Orders / Letter of Administration (Where applicable)

<b>TOTAL &amp; PERMANENT DISABILITY CLAIM</b>	
	Total & Permanent Disability Claim - Statement Of Medical Examiner (Group) Section B (Completion of Section B must be done six months after the diagnosis/disability date )
	Certified copy of MRI/CT Scan/ Xray or other diagnostic reports
	Certified copy of Medically Boarded Out letter from employer (if employed)
	Certified copy Other supporting documents (if applicable) etc. SOSCO Pencen Illat medical reports/letters

<b>PERMANENT PARTIAL DISMEMBERMENT/ DISABILITY CLAIM</b>	
	Permanent Partial Dismemberment - Statement Of Medical Examiner Section B (Completion of Section B must be done six months after the diagnosis/disability date )
	Certified copy of MRI/CT Scan/ Xray or other diagnostic reports

<b>ACCIDENT MEDICAL REIMBURSEMENT (AMR) CLAIM</b>	
	Original official receipts and bills
	Discharge note /summary with diagnosis or Medical Report
	Certified copy of MRI/CT Scan/ Xray or other diagnostic reports
	Certified copy other supporting documents (if applicable) etc. Police report

<b>HOSPITAL BENEFIT / DAILY HOSPITAL ALLOWANCE CLAIM</b>	
	Hospital bill (For Hospital Allowance Benefit ) and Original official receipts and Hospital bill ( Applicable for reimbursement Claims)
	Discharge note /summary with diagnosis or Medical Report
	Certified copy of MRI/CT Scan/ Xray or other diagnostic reports (if any)

<b>TERMINAL ILLNESS BENEFIT CLAIM</b>	
	Critical Illness (Others) – Statement Of Medical Examiner (Group Claim)
	Letter from attending physician stating the current patient’s condition, treatment and prognosis.
	Certified copy of MRI/CT Scan/ Xray or other diagnostic reports

**CRITICAL ILLNESS BENEFIT CLAIM**

- Medical Examiner Form to be completed according to the type of critical illness:
1. Critical Illness (Cancer) – Statement Of Medical Examiner (Group Claim)
  2. Critical Illness (Stroke) – Statement Of Medical Examiner (Group Claim)
  3. Critical Illness (Renal Failure) – Statement Of Medical Examiner (Group Claim)
  4. Critical Illness (Heart) – Statement Of Medical Examiner (Group Claim)
  5. Critical Illness (Others) – Statement Of Medical Examiner (Group Claim)

List Of Covered Events And The Required Medical Evidence

<b>Stroke</b> - CT Scan / MRI Report of Brain	<b>Parkinson's Disease</b> - All relevant investigation results in support of the diagnosis
<b>Heart Attack / Cardiomyopathy</b> - Cardiac Enzymes Assay results (CK-MB, Troponin T / Troponin I) - ECG tracing - Echocardiogram / Coronary Angiogram report	<b>Blindness - Permanent and Irreversible</b> - Visual Acuity Report on both eyes to be done by an ophthalmologist * CMC to be completed by an Ophthalmologist.
<b>Angioplasty and other invasive treatments for coronary artery disease</b> - Coronary Angiogram Report <b>Coronary Artery By-Pass Surgery</b> - Coronary Artery By-Pass Surgery Report <b>Heart Valve Replacement / Surgery</b> - Heart Valve Surgery Report	<b>Chronic Lung Disease</b> - Pulmonary Function Test results - Arterial Blood Gas test results - FEV 1 Test results - Relevant investigation results
<b>Cancer</b> - Histopathology Report (HPE report) - CT Scan / MRI Reports, if available - Bone Marrow Aspiration / Trephine Biopsy Report (Leukemia only) - Blood and laboratory test report	<b>Motor Neuron Disease</b> - CT Scan/ MRI report of the Brain and Spine - Electromyography (EMG ) test results - All relevant investigation results in support of the diagnosis - Medical Report to be completed by Neurologist
<b>Renal / Kidney Failure / Medullary Cystic Disease</b> - Kidney Dialysis Report / Dialysis Receipts - Kidney/Renal Biopsy Report (if any) - Blood test results	<b>Multiple Sclerosis</b> - CT Scan & MRI Report of Brain & Spine - Nerve conduction study / Evoked potential test * Medical Report to be completed by Neurologist
<b>Systemic Lupus Erythematosus (SLE) With Lupus Nephritis</b> - Lupus Erythematosus (LE) cell blood test results - Anti-DNA Antibodies & Renal biopsy report - Urine FEME results over past 6 months - Renal function tests with eGFR results over past 6 months	<b>Coma – resulting in permanent neurological deficit with persisting clinical symptoms</b> - ICU report and supporting documents for being in come > 96 hours - X-ray/CT Scan/ MRI Reports - Medical Report to be completed by Neurologist
<b>Fulminant Viral Hepatitis / End-Stage Liver Failure/ Chronic Liver Disease</b> - CT Scan Report of Liver - Liver Function Test results - Abdominal ultrasound - Hepatitis viral serology test - Any other laboratory or pathology reports	<b>Muscular Dystrophy</b> - Lumbar puncture report - Electromyography (EMG ) test results - Muscles biopsy - All relevant investigation results in support of the diagnosis - Medical Report to be completed by Neurologist
<b>Brain Surgery</b> - Brain Surgery Report	<b>Terminal Disease</b> - All relevant investigation results in support of the diagnosis - Medical Report stating patient not receiving active treatment other than pain relief.
<b>Benign Brain Tumor</b> - CT Scan / MRI Report of Brain - Histopathology Report, if available	<b>Chronic Aplastic Anemia - resulting in permanent Bone Marrow Failure</b> - All relevant blood and bone marrow investigation results in support of the diagnosis - Bone Marrow transplantation report
<b>Major Head Trauma</b> - CT Scan / MRI Report of Brain - Surgery report - Police report, if any	<b>Alzheimer's disease/Severe Dementia / Parkinson's disease</b> - All relevant investigation in support of the diagnosis - Medical Report to be completed by Neurologist - Physio / Rehabilitation Reports (if Any)
<b>Bacterial Meningitis / Encephalitis</b> - CT Scan / MRI Report of Brain /Spine - CMC to be completed by Consultant Neurologist - Lumbar puncture test report	<b>Deafness – Permanent and Irreversible</b> - Audiogram Report (Latest Report) - Pure Tone Audiometry reports (Latest Report)
<b>Major Burns / Third Degree Burns</b> - Total Body Surface Area Burn Assessment Report	<b>Loss of Speech</b> - Laryngoscopy report
<b>Paralysis / Paraplegia / Paralysis of limbs</b> - X-ray/CT Scan/ MRI Reports, if available - Medical Report to be completed by Neurologist	<b>Major Organ / Bone Marrow Transplant</b> -Transplantation report of heart or lung /liver /kidney /pancreas / bone marrow

Note: Kindly contact our sales/agents or customer service for illness/requirements which is not listed above.