MEDICAL EXPENSES CLAIM FORM

The issue of this form is not an admission of liability on the part of the Company. Please answer all questions fully and return this form to us without delay.

POLICY/ CERTIFICATE	No : _____
EMPLOYEE	Full Name : _____ Benefit Grade : _____ Occupation (Describe fully) : _____ Home Address : _____ _____ Relationship of patient to employee : ☐ Myself ☐ Spouse ☐ Children
PATIENT	Nature of illness or injury : _____ _____ Date and Time of Accident or commencement of illness : _____ Date ceased work : _____ Resume work : _____ MC date unfit : _____ Date first attended by doctor : _____ Name and address of doctor : _____ _____ Has insured person previously suffered from the same injury/illness ? _____ If yes, give details : _____ _____
PARTICULARS OF CLAIMS	Details of Treatment Received : _____ _____ _____ _____ Expenses : RM _____ Name of Medical Attendant : _____ Place of Treatment : _____
	Details of Hospitalisation : _____ _____ Expenses : RM _____ Admitted from _____ to _____ Name of Medical Attendant : _____ Address of Hospital : _____ _____
	Specialist Consultation (When applicable) : Name of Specialist : _____ Address : _____ _____ Referred to by : _____ Address : _____ _____ Nature of illness/treatment : _____ _____ _____ _____ Expenses : RM _____ **(Original bills of expenses must be forwarded to us together with this claim form)**

DECLARATIONS	By Employee/Retiree: I hereby declare the above statement and facts to be true and complete and that I have to the best of my knowledge and belief disclosed all material information connected with the above claim. Date : _____ Signature of Employee/Retiree : _____ Name : _____ NRIC No : _____ PF No : _____
	By Employer: We certify that to the best of our knowledge and belief the information provided above by the insured person are correct and the claim of RM is made in accordance to the terms and conditions of the said policy. Date : Signature of Employer _____ Name & Position : _____

N.B.

In accordance with the conditions of the policy/certificate, the company reserves the right to call for a Medical Report, to be furnished at the expense of the claimant.