



CUEPACS ETIQA MUTIARA PLUS

Level 3 Bangunan PSM no 17B Jalan Bangsar 59200 Kuala Lumpur
Tel : 0322836364/6361 Faks : 0322836272 H/p : 017-6340518



Pastikan document disahkan benar lengkap mengikut arahan sebelum dihantar agar tidak berlaku penolakan.

PERKARA: BORANG PENYAKIT KRITIKAL

NOTA : Nama Penuh Peserta merujuk kepada PESAKIT

- Sijil penyertaan TKM 0679. Jika tiada tetapi menjadi ahli melebihi 60 hari peserta layak membuat tuntutan. Sila lampirkan surat pengakuan jika tiada sijil.

Dokumen yang perlu dilampirkan:

Sila sertakan dokumen-dokumen berikut bersama dengan tuntutan ini (Salinan Disahkan) :

TYPES OF CLAIMS	DOCUMENTS REQUIRED
Death Claim	<ol style="list-style-type: none">1) Original certificate/policy contract.2) Death Claim Form3) Doctor's Statement (for policy duration < 5 years)4) Certified copy of death certificate5) Certified copy of Burial Certificate6) Certified copy of proof of relationship (e.g. Marriage certificate/birth certificate and etc.)7) Certified copy of claimant's IC8) Consent letter for medical report extraction9) Certified 'Sijil Faraid'/Letter of Administration (if applicable)10) Other supporting documents (if applicable) <p><u>Additional requirements on accidental death</u></p> <ol style="list-style-type: none">11) Certified copy of police report12) Detailed Post Mortem report13) Certified copy of Toxicology report, if any14) Newspaper Cutting, if any <p><u>Additional requirements for death in overseas</u></p> <ol style="list-style-type: none">15) Confirmation letter from National Registration Department16) All relevant documents issued by Foreign Authority must be certified by Malaysia Embassy or Public Notary
Total & Permanent Disability	<ol style="list-style-type: none">1) Original certificate/policy contract2) Total and Permanent Disability Claim form3) Medical report completed by attending doctor on Insured / Person



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TYPES OF CLAIMS	DOCUMENTS REQUIRED
	<p>Covered / Participant's condition after 6 month from the disability date</p> <ol style="list-style-type: none"> 4) Certified copy of Insured / Person Covered/Participant's IC as evidence of age if proof has not been received before 5) Consent letter for medical report extraction 6) Education level, working experience and detailed job description of last position held 7) Letter of job termination from Insured / Person Covered/Participant 's employer (if employed) 8) Certified copy of clinic/ hospital consultation card 9) Other supporting documents (if applicable)
Critical Illness	<ol style="list-style-type: none"> 1) Original certificate/policy contract 2) Certified copy of Insured / Life Assured / Person Covered / Participant's IC 3) Doctor's Statement and relevant diagnostic test results or report to support the diagnosis (Please refer Table 1 – Additional Requirements for Critical Illness claim) 4) Critical Illness claim form 5) Consent letter for medical report extraction 6) Other supporting document (if applicable)
Personal Accident Rider/ Dismemberment/PPD	<ol style="list-style-type: none"> 1) Permanent Partial Dismemberment Claim Form 2) Permanent Partial Dismemberment Statement of Medical Examiner 3) Certified copy of Insured / Life Assured / Person Covered / Participant's IC 4) Certified copy of police report, (if any) 5) Close-up photograph as proof of loss/Full photo of claimant 6) Consent letter for medical report extraction 7) Certified copy of X-ray, MRI, Ct Scan or other radiology reports 8) Other supporting documents (if applicable)
Accident Indemnity Rider (AIR/AIS/CPAB/CAB)	<ol style="list-style-type: none"> 1) Accident Claim Form 2) Medical report (only for claim amount more than RM300) 3) Certified copy of medical chits/attendance report 4) Certified copy of police report



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TYPES OF CLAIMS	DOCUMENTS REQUIRED
	<ul style="list-style-type: none">5) Consent letter for medical report extraction6) Other supporting documents (if applicable)
Hospital Benefit	<ul style="list-style-type: none">1) Hospital and Surgical Claim Form / Discharge Medical Form2) Medical report completed by attending doctor (for claim amount more than RM500)3) Discharge note or summary with diagnosis(for claim amount less than RM500)4) Certified copy of in-patient medical bill5) Other supporting documents (if applicable)
Hospital & Surgical	<ul style="list-style-type: none">1) Hospitalization Claim Form2) Medical report or Attending Physician Statement3) Original Hospital Bill4) Original Official Receipt(s)5) Original or certified copy of Discharge summary with medical history, diagnosis and treatment rendered6) Referral Letter(s) from the referring clinic
Other Benefits	<ul style="list-style-type: none">1) Cancer screening Reimbursement (Female plan)<ul style="list-style-type: none">(i) Original receipt / bills2) Baby Bonus<ul style="list-style-type: none">(i) Hospital Benefit Claim Form(ii) Certified copy of baby's birth

Note: The items listed served as the guidelines for claims submission. The Company reserves the right to request for further information or documents deemed necessary.



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Table 1 – Additional Requirements For Critical Illness Claim

Critical Illness	Additional Required Medical Evidence
Stroke	<ol style="list-style-type: none"> 1. CT Scan / MRI of Brain report 2. Doctor's Statement to be completed by Consultant Neurologist (for current condition at least 6 months after the stroke)
Heart Attack	<ol style="list-style-type: none"> 1. Cardiac Enzymes Assay results (CK-MB) 2. Electrocardiography report (ECG) 3. Troponin T result, if any 4. Doctor's Statement to be completed by Consultant Cardiologist
End Stage Kidney Failure	<ol style="list-style-type: none"> 1. Dialysis appointment card / receipts 2. Blood test results 3. Doctor's Statement to be completed by Consultant Nephrologist
Cancer	<ol style="list-style-type: none"> 1. Histopathology/biopsy report (where applicable) 2. Bone Marrow Aspiration report (leukemia) 3. CT Scan / MRI report (where applicable)
Coronary Artery By-Pass Surgery	<ol style="list-style-type: none"> 1. Coronary Artery By-Pass Surgery Report
End Stage Liver Failure	<ol style="list-style-type: none"> 1. Liver Function Test 2. CT Scan of Liver 3. All laboratory, pathology, hepatitis screening, ultrasound & histology report
Fulminant Viral Hepatitis	<ol style="list-style-type: none"> 1. CT Scan report of Liver 2. Liver Function Test results 3. Any other laboratory or pathology reports
Coma	<ol style="list-style-type: none"> 1. Medical receipt for the usage of life support (Oxygen) 2. Doctor's Statement to be completed by Consultant Neurologist
Benign Brain Tumour	<ol style="list-style-type: none"> 1. CT Scan / MRI of Brain report 2. Histopathology/biopsy report



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Critical Illness	Additional Required Medical Evidence
Paralysis / Paraplegia	<ol style="list-style-type: none"> 1. X-ray / CT Scan / MRI report, if available 2. Doctor's Statement to be completed by Consultant Neurologist
Blindness / Total Loss of Sight	<ol style="list-style-type: none"> 1. Visual Acuity report on both eyes to be done by an ophthalmologist 2. Doctor's Statement to be completed by an Ophthalmologist
Deafness / Total Loss of Hearing	<ol style="list-style-type: none"> 1. Audiometry test and Sound Threshold test results
Major Burns	<ol style="list-style-type: none"> 1. Total Body Surface Assessment report
End Stage Lung Disease	<ol style="list-style-type: none"> 1. Pulmonary Function test 2. FEV 1 test 3. Relevant medical reports
Encephalitis	<ol style="list-style-type: none"> 1. CT Scan / MRI of Brain 2. Doctor's Statement to be completed by Consultant Neurologist
Major Organ / Bone Marrow Transplant	<ol style="list-style-type: none"> 1. Surgery report
Angioplasty and Other Invasive Treatments for Major Coronary Artery Disease	<ol style="list-style-type: none"> 1. Coronary Angiogram report 2. Surgery report
Loss of Speech	<ol style="list-style-type: none"> 1. Medical evidence from ENT specialist to confirm illness or injury to vocal cords 2. Doctor's Statement to be completed by speech pathologist / therapist
Brain Surgery	<ol style="list-style-type: none"> 1. Brain Surgery report
Heart Valve Surgery	<ol style="list-style-type: none"> 1. Heart Valve Surgery report
Terminal Illness	<ol style="list-style-type: none"> 1. All relevant investigation result in support of the diagnosis
Bacterial Meningitis	<ol style="list-style-type: none"> 1. CT Scan / MRI of Brain & Spine



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Critical Illness	Additional Required Medical Evidence
Major Head Trauma	<ol style="list-style-type: none"> Detailed medical assessment from attending doctor CT Scan / MRI of Brain Police report, if any
Other Serious Coronary Artery Disease	<ol style="list-style-type: none"> Coronary Angiogram report
Chronic Aplastic Anaemia	<ol style="list-style-type: none"> Bone Marrow Aspiration Blood test report
Motor Neuron Disease	<ol style="list-style-type: none"> All investigation reports
Parkinson's Disease	<ol style="list-style-type: none"> Detailed medical assessment including Activities of Daily Living from Consultant Neurologist
Muscular Dystrophy	<ol style="list-style-type: none"> Diagnostic test result Doctor's Statement to be completed by Consultant Neurologist
Surgery to Aorta	<ol style="list-style-type: none"> Aorta Surgery report
Multiple Sclerosis	<ol style="list-style-type: none"> Ophthalmologist's report CT Scan & MRI report of Brain & Spine Doctor's Statement to be completed by Consultant Neurologist
Medullary Cystic Disease	<ol style="list-style-type: none"> Abdominal Ultrasound or Abdominal CT Scan Renal biopsy report Urine Specific Gravity Test Blood test result All clinical and laboratory investigation report
Severe Cardiomyopathy	<ol style="list-style-type: none"> Chest X-ray Echocardiogram report
SLE with Lupus Nephritis	<ol style="list-style-type: none"> Urine test results Blood test results Kidney biopsy report



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Critical Illness	Additional Required Medical Evidence
Primary Pulmonary Arterial Hypertension	1. All clinical and laboratory investigation including cardiac catheterization
Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders	1. Diagnostic test results

Jika dokumen sokongan diberikan dalam salinan, dokumen tersebut mestilah disahkan oleh mereka yang dibenarkan oleh Syarikat, Pesuruhjaya Sumpah, 'Notary Public', Peguam, Jaksa Pendamai, Ahli Parlimen, Ketua Balai Polis, Penghulu atau Pegawai Daerah.