



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.

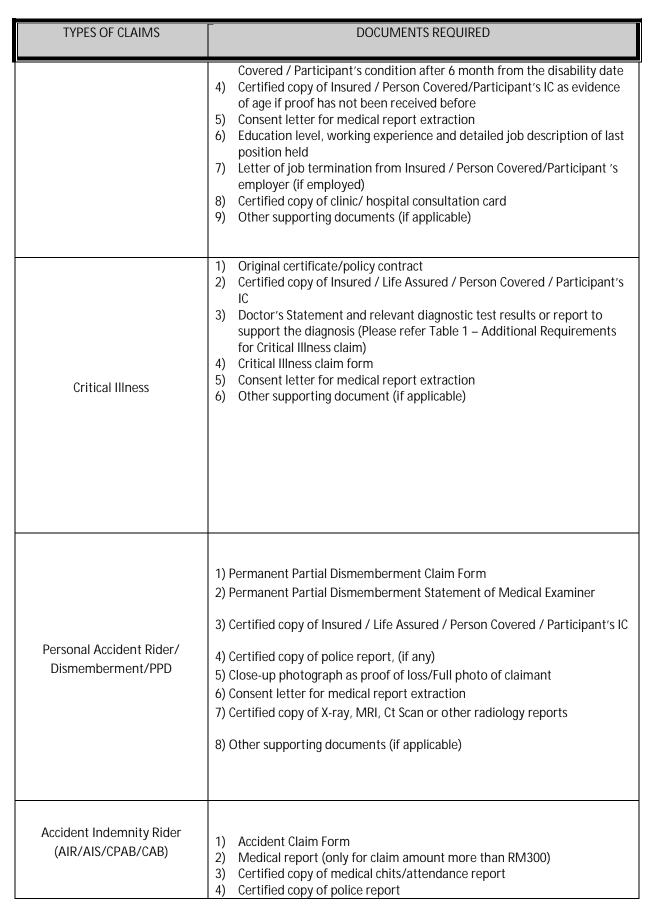
Dokumen yang perlu dilampirkan:

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

| TYPES OF CLAIMS | DOCUMENTS REQUIRED |
|------------------------------|--|
| Death Claim | Original certificate/policy contract. Death Claim Form Doctor's Statement (for policy duration < 5 years) Certified copy of death certificate Certified copy of Burial Certificate Certified copy of proof of relationship (e.g. Marriage certificate/birth certificate and etc.) Certified copy of claimant's IC Consent letter for medical report extraction Certified 'Sijil Faraid'/Letter of Administration (if applicable) Other supporting documents (if applicable) Other supporting documents (if applicable) Certified copy of police report Detailed Post Mortem report Certified copy of Toxicology report, if any Newspaper Cutting, if any Additional requirements for death in overseas Confirmation letter from National Registration Department All relevant documents issued by Foreign Authority must be certified by Malaysia Embassy or Public Notary |
| Total & Permanent Disability | Original certificate/policy contract Total and Permanent Disability Claim form Medical report completed by attending doctor on Insured / Person |



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| TYPES OF CLAIMS | DOCUMENTS REQUIRED |
|---------------------|---|
| | 5) Consent letter for medical report extraction6) Other supporting documents (if applicable) |
| Hospital Benefit | Hospital and Surgical Claim Form / Discharge Medical Form Medical report completed by attending doctor (for claim amount more than RM500) Discharge note or summary with diagnosis(for claim amount less than RM500) Certified copy of in-patient medical bill Other supporting documents (if applicable) |
| Hospital & Surgical | Hospitalization Claim Form Medical report or Attending Physician Statement Original Hospital Bill Original Official Receipt(s) Original or certified copy of Discharge summary with medical history, diagnosis and treatment rendered Referral Letter(s) from the referring clinic |
| Other Benefits | Cancer screening Reimbursement (Female plan) Original receipt / bills Baby Bonus Hospital Benefit Claim Form Ortified 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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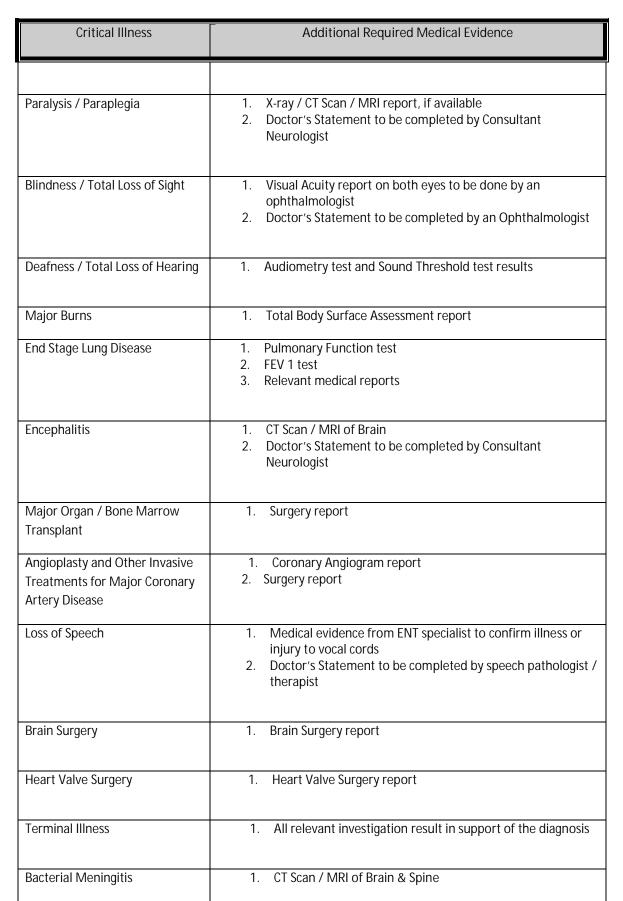
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Table 1 – Additional Requirements For Critical Illness Claim

| Critical Illness | Additional Required Medical Evidence |
|---------------------------------|---|
| Stroke | CT Scan / MRI of Brain report Doctor's Statement to be completed by Consultant Neurologist (for current condition at least 6 months after the stroke) |
| Heart Attack | Cardiac Enzymes Assay results (CK-MB) Electrocardiography report (ECG) Tropinin T result, if any Doctor's Statement to be completed by Consultant Cardiologist |
| End Stage Kidney Failure | Dialysis appointment card / receipts Blood test results Doctor's Statement to be completed by Consultant Nephrologist |
| Cancer | Histopathology/biopsy report (where applicable) Deno Marrow Assiration report (loukamia) |
| | Bone Marrow Aspiration report (leukemia) CT Scan / MRI report (where applicable) |
| Coronary Artery By-Pass Surgery | 1. Coronary Artery By-Pass Surgery Report |
| End Stage Liver Failure | Liver Function Test CT Scan of Liver All laboratory, pathology, hepatitis screening, ultrasound & histology report |
| Fulminant Viral Hepatitis | CT Scan report of Liver Liver Function Test results Any other laboratory or pathology reports |
| Coma | Medical receipt for the usage of life support (Oxygen) Doctor's Statement to be completed by Consultant Neurologist |
| Benign Brain Tumour | CT Scan / MRI of Brain report Histopathology/biopsy report |

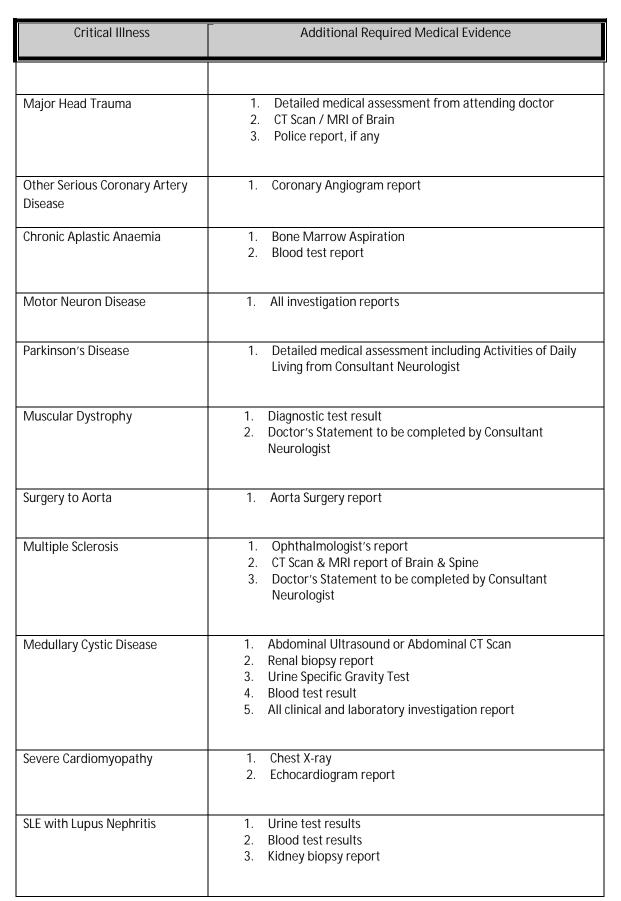


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| Critical Illness | Additional Required Medical Evidence |
|---|---|
| Primary Pulmonary Arterial Hypertension | All clinical and laboratory investigation including cardiac catheterization |
| Alzheimer's Disease / Irreversible Organic Degenerative 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.