

HOSPITAL BENEFIT (IF USE NUTP MEDICAL CARD, CLAIM FOR 10% + RM200 + NIGHT STAY ALLOWANCE)

MANDATORY REQUIREMENTS:

1. GROUP HOSPITALISATION BENEFIT (HB) CLAIM FORM – CLAIMANT'S STATEMENT
2. DIRECT CREDIT FACILITY FORM
3. CTC OF LIFE ASSURED'S NRIC
4. CTC OF CLAIMANT'S NRIC (IF DIFFERENT FROM LIFE ASSURED)
5. ASIA ASSISTANCE GUARANTEE LETTER PAYMENT NOTICE (WITH DIAGNOSIS)
6. ORIGINAL RECEIPTS
7. ITEMIZE HOSPITAL BILLING

* CTC = CERTIFIED TRUE COPY

P/S: Kindly make a copy of every document before sending out. You are advisable to send by registered post to the below stated address:

TONY NG & ASSOCIATES
39 LEBUH BISHOP
10200 PENANG