

**HOSPITAL BENEFIT (IF USE PERSONAL MEDICAL CARD)**

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. CTC INSURANCE PAYMENT NOTICE (WITH DIAGNOSIS)
6. ORIGINAL RECEIPT(S) – IF ANY
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