

HOSPITAL BENEFIT (MEDICAL REIMBURSEMENT + 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. CTC OF ADMISSION BILL
6. CTC OF DISCHARGE SUMMARY WITH DIAGNOSIS (IF CLAIM > RM 500)
7. ORIGINAL RECEIPTS (IF APPLICABLE FOR SCHEMES WITH MEDICAL EXPENSES REIMBURSEMENT BENEFIT ONLY)

* 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