

HOSPITAL BENEFIT (NIGHT STAY ALLOWANCE ONLY)

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 DISCHARGE NOTE WITH DIAGNOSIS
6. ITEMIZE HOSPITAL BILLING (IF ADMITTED AT PRIVATE HOSPITAL)

* 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