



IMPORTANT NOTE: PLEASE RETURN THIS LETTER WHEN SUBMITTING CLAIM UNDER COVID-19 MEDICAL PLAN COVERAGE

CONFIRMATION OF ACCEPTANCE

Date:

To: Prudential Assurance Malaysia Berhad

I,.....NRIC No.
.....(address).....
....., declare that I am the
policyholder of Policy No.

I confirm my acceptance that the claims submitted under COVID-19 Medical Plan Coverage ("this Campaign") will be processed, managed and reimbursed based on terms and conditions set for this Campaign, Frequently Asked Questions as well as the eligibility criteria, which are made available in the corporate website of Prudential Assurance Malaysia Berhad ("PAMB"). I also understand that the reimbursement provided shall reduce any annual limit, lifetime limit and medical value point that apply to the medical plan under the Policy.

Signed by,

Witnessed by,

.....

Signature of Policyholder

Name :

NRIC No. :

.....

Signature of Witness

Name :

NRIC No. :

Address :