## CLAIM REQUIREMENT CHECKLIST
## *SENARAI SEMAKAN TUNTUTAN*

NOTE: The following list serves as a guide for basic requirements. PAMB reserves the right to request or to view other relevant supporting document and information or the original of copied document whenever necessary.
*NOTA: Senarai berikut hanya sebagai garis panduan umum. PAMB berhak untuk meminta dokumen dan maklumat sokongan lain yang berkaitan, atau mempamerkan dokumen asal apabila diperlukan pada bila-bila masa sahaja.*

| **CLAIM TYPE** *JENIS TUNTUTAN* | **Requirement List No. (Refer to Page 5)** *No.Senarai Semakan (Rujuk kepada mukasurat 5)* |
|---|---|
| **Hospitalisation / Day Care Surgery/ *Rawatan Hospital / Pembedahan Harian*** | |
| ☐ Hospitalisation / Day Care Surgery/ *Rawatan Hospital / Pembedahan Harian* | 1a, 3, 4, 6, 12, 13 |
| ☐ Overseas Treatment/ *Rawatan Di Luar Negara* | 1a, 3, 4, 6, 10, 11 |
| ☐ Partially Settled By Other Insurers/ *Dibiayai Sebahagiannya Oleh Penanggung Insurans Lain* | 1a, 3, 4, 6, 9 |
| ☐ Surgical & Nursing Loan/ *Pinjaman Pembedahan & Kejururawatan* | 1a, 3, 4, 6 |
| **Outpatient Treatment Benefit/ *Perubatan Pesakit Luar*** | |
| ☐ Pre & Post Hospitalisation/ *Rawatan Sebelum & Selepas Masuk Hospital* | 3, 4, 10, 11 |
| ☐ Outpatient Cancer & Kidney Dialysis / Outpatient Illness Treatment */Rawatan Kanser & Dialisis Buah Pinggang / Rawatan Pesakit Luar* | 2, 3, 4, 10, 11 |
| ☐ Emergency Treatment of Accidental Injury/ *Rawatan Kecemasan untuk Kecederaan Akibat Kemalangan* | 2, 3, 4, 10, 11, 12, 13 |
| ☐ Home Nursing Care/ *Manfaat Penjagaan oleh Jururawat di Rumah* | 3, 4, 10, 11, 24, 25, 26 |
| **Allowance Benefit/ *Manfaat Elaun*** | |
| ☐ Hopitalization Benefit / Allowance/ ICU Shield Benefit *Manfaat Hospital / Elaun* / Manfaat Perlindungan ICU | 1a, 5 |
| ☐ Well Being Benefit/*Manfaat Kebajikan* | 1a, 5, 6 |
| **Deductible Accumulation/ *Pengumpulan Deduktibel*** | |
| ☐ Deductible Accumulation/ *Pengumpulan Deduktibel* | 1a, 5 |
| **Personal Accident/ *Kemalangan Peribadi*** | |
| ☐ Accident Medical Reimbursement (AMR)/ *Bayaran Balik Perubatan Akibat Kemalangan* | 2, 3, 4, 6, 10, 12, 13 |
| ☐ Weekly Indemnity (WI)/ *Manfaat Pampasan Mingguan* | 1b, 6, 7, 10, 12, 13 |
| ☐ Accidental Disablement/ *Hilang Upaya Akibat Kemalangan* | 1b, 6, 8, 10, 12, 13, 17 |
| **Critical Illness/ Terminal Illness / *Penyakit Kritikal / Penyakit Terminal*** | |
| ☐ Crisis Cover/ Terminal Illness / *Crisis Cover / Penyakit Terminal* | 1c, 6, 17, 28, 30, 31, 32, 33 |
| ☐ Payor / Waiver/ *Payor / Waiver* | 1c, 6, 17, 20, 28 |
| ☐ Crisis Cover Income/ *Crisis Cover Income* | Not Applicable/ *Tidak Berkaitan* |
| **Total and Permanent Disability/ *Hilang Keupayaan Penuh dan Kekal*** | |
| ☐ Total and Permanent Disability / Long Term Care Benefit/ *Hilang Keupayaan Penuh dan Kekal / Manfaat Penjagaan Jangka Panjang* | 1d, 6, 13, 17, 22, 23, 28 |
| ☐ Total and Permanent Disability Instalment Benefit/ *Manfaat Ansuran Hilang Keupayaan Penuh dan Kekal* | 1e |
| ☐ Payor / Waiver/ *Payor / Waiver* | 1d, 6, 13, 17, 20, 22, 23, 28 |
| **Death/ *Kematian*** | |
| ☐ Death/ *Kematian*<br>☐ Spouse / Parent Payor / Waiver/ *Spouse / Parent Payor / Waiver* | ☐ (a) For Natural Death/ *Untuk Kematian Semulajadi*: 1f, 17, 19, 20, 27, 28, 29, 30, 31, 32, 33<br>☐ (b) For Accident or Suicide/ *Untuk Kemalangan atau Bunuh Diri*: 1f, 14, 15, 16, 17, 19, 20, 27, 28, 29, 30, 31, 32, 33 |
| **Others / *Lain-lain*** | |
| ☐ Neonatal Jaundice/ *Jaundis Neonatal* | 1g, 5, 6 |
| ☐ Incubation / Intensive Care Unit / High Dependency Unit/ *Inkubasi / Unit Rawatan Rapi / Unit Pergantungan Tinggi* | 1g, 5 |
| ☐ Congenital Conditions/ *Penyakit Kongenital:* | ☐ (a) For Infant Care/ *Untuk infant care*: 1h, 3, 4, 6<br>☐ (b) For **PRU**lady/ *Untuk **PRU**lady*: 1h, 6 |
| ☐ Pregnancy / Maternity Complication/ Emergency C-sec *Komplikasi Kehamilan / Pembedahan Cesarean Kecemasan* | ☐ (a)For Infant Care/Mom&Baby Care *Untuk infant care*: 1i, 6, 18, 21<br>☐ (b) For **PRU**lady/ *Untuk **PRU**lady*: 1i, 6, 18, 21<br>☐ (c) For Medical Rider/ *Untuk Rider Perubatan*: 1i, 3, 4, 6, 18, 21 |
| ☐ Life Stage / Life Change Benefit/ Legacy Settlement Option-Milestone-based Payout (except for Golden Card) *Manfaat Peringkat Kehidupan / Bayaran Berasaskan Pencapaian Tertentu (kecuali Golden Card)* | 21 |
| ☐ Snatch Theft Benefit/ *Manfaat Ragut* | 13 |
| ☐ Female Carcinoma-in-situ / Recovery Benefit/ Recontructive Care Benefit *Karsinoma-in-situ Perempuan / Manfaat Pemulihan / Manfaat Pembentukan Semula* | 1c, 6 |
| ☐ Infectious Disease Benefit/ *Manfaat Penyakit Berjangkit* | 1j, 5, 6 |
| ☐ Essential Child Benefit/ *Manfaat Essential Child* | 1k, 6, 17 |

**FORM ID 116010**

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**Requirement List**
***Senarai Semakan***

☐ 1. Doctor's Statement:/ *Kenyataan Doktor Yang Merawat:*

(a) Medical Claim/ *Tuntutan Perubatan* [Doc ID: 11601007]

(b) Personal Accident Claim/ *Tuntutan Kemalangan Peribadi* [Doc ID 11601004]

(c) Critical Illness Claim (Please refer to Critical Illness Claim - Doctor's Statement Reference List for covered condition)/ *Tuntutan Penyakit Kritikal (Sila rujuk Senarai Rujukan Penyakit Kritikal -Kenyataan Doktor Yang Merawat untuk penyakit yang dilindungi)*

(d) Total and Permanent Disability Claim/ *Tuntutan Hilang Keupayaan Penuh dan Kekal* [Doc ID 11601013]

(e) Total and Permanent Disability Instalment Benefit/ *Manfaat Ansuran Hilang Keupayaan Penuh dan Kekal* [Doc ID 11601070]

(f) Death Claim/ *Tuntutan Kematian* [Doc ID 11601010]

(g) Paediatrician/ *Paediatrik* [Doc ID 11601087]

(h) Congenital Condition Claim/ *Tuntutan Penyakit Kongenital* [Doc ID 11601059]

(i) Pregnancy Complication Claim/ *Tuntutan Komplikasi-Komplikasi Kehamilan* [Doc ID 11601060]

(j) Infectious Disease Benefit Claim/ *Tuntutan Manfaat* Penyakit Berjangkit [Doc ID 11601111]

(k) Essential Child Claim/ *Tuntutan Essential Child* [Doc ID 11601120]

☐ 2. Accident / Event date, circumstances of illness / accident, extent of diagnosis / injuries and treatment details certified by the treating doctor on the receipt(s)/ *Tarikh dan punca kemalangan / penyakit, keadaan penyakit / kecederaan dan rawatan yang disahkan oleh doktor yang merawat*

☐ 3. Original final bills / tax invoices with itemized breakdown details/ *Bil-bil invois terperinci dengan penyata asal*

☐ 4. Original receipts including deposit receipt **[Please complete List of Original Receipt]**/ *Resit-resit asal termasuk deposit **[Sila lengkapkan Senarai Resit Asal]***

☐ 5. Copy of admission final bills / tax invoices with itemized breakdown details/ *Salinan bil-bil / invois terperinci dengan penyata*

☐ 6. Copy of tests results: Histopathology, X-ray, MRI, CT scan, ultrasound, blood test, visual acuity, audiogram report and all other lab test report/ *Salinan laporan ujian: Histopatologi, sinar-X, MRI, CT, ultrasound, ujian darah, visual acuity, audiogram, dan lain- lain ujian makmal*

☐ 7. Medical certificate/ *Sijil perubatan*

☐ 8. Photograph showing injury / amputation for one full body and one showing the affected body part (where applicable)/ *Gambar asal menunjukkan kecederaan seluruh badan dan satu gambar menunjukkan anggota yang cedera (jika berkenaan)*

☐ 9. Copy of settlement letter from other insurers/ *Salinan surat penyataan dari penanggung insurans lain*

☐ 10. Medical report and medical bills translated in English (for overseas treatment)/ *Laporan perubatan dan bil-bil diterjemahkan dalam Bahasa Inggeris (untukrawatandiluarnegara)*

☐ 11. Copy of passport indicating evidence of travel (for overseas treatment)/ *Salinan pasport yang menunjukkan bukti perjalanan (untuk rawatan di luar negara)*

☐ 12. Copy of driving license (for road traffic accident)/ *Salinan lesen memandu (untuk kemalangan jalan raya)*

☐ 13. Copy of police report (where applicable)/ *Salinan laporan polis (jika berkenaan)*

☐ 14. Police detailed investigation report/ *Laporan siasatan polis*

☐ 15. Post mortem report / autopsy/ *Laporan bedah siasat awal / autopsi*

☐ 16. Toxicology report/ *Laporan toksikologi*

☐ 17. Copy of Life Assured or Claimant 's NRIC or passport/ *Salinan kad pengenalan atau pasport hayat yang diinsuranskan atau penuntut*

☐ 18. Copy of Birth Certificate/ *Salinan Sijil Kelahiran*

☐ 19. Certified True Copy of Death Certificate by PAMB Branch Executive/BDE/ RDM /Bank Branch Manager/*Salinan Sijil Kematian yang disahkan benar oleh eksekutif PAMB / BDE/ RDMPengurus Cawangan Bank*

☐ 20. Proof of relationship/ *Bukti hubungan*

☐ 21. Supporting document such as copy of: Birth Cert, Marriage Cert, Sale & Purchase Agreement, Spouse Death Cert, Diploma or Degree Cert or Letter of Completion, Business Registration Certificate or equivalent official documents etc. / *Dokumen sokongan seperti salinan Sijil Kelahiran, Sijil Perkahwinan, Surat Perjanjian Jual Beli, Sijil Kematian Pasangan, Sijil Diploma/Ijazah/Surat Pengesahan Taman Pengajian, Sijil Pendaftaran Prniagaan atau document rasmi setara yang mengesahkan penubuhan perniagaan..*

☐ 22. Copy of letter medically boarded out from employer (where applicable) / Salinan surat persaraan atas alasan kesihatan daripada majikan (jika berkenaan)

☐ 23. Copy of confirmation letter from SOCSO (where applicable)/ *Salinan surat penyataan dari PERKESO (jika berkenaan)*

☐ 24. Recommendation letter from treating doctor for home nursing care/ *Surat cadangan daripada doktor menyatakan keperluan untuk bantuan penjagaan oleh jururawat di rumah*

☐ 25. Copy of nursing qualifications certificate of the nurses/ *Salinan sijil kejururawatan bagi mengesahkan kelayakan jururawat*

☐ 26. Breakdown charges detailing the time and period of the home nursing care services rendered per day/ *Caj terperinci menunjukkan masa dan tempoh penjagaan oleh jururawat pada setiap hari*

☐ 27. For death abroad: Report of death abroad from National Registration Department & Malaysian Embassy in country where death occurred, proof of transportation of corpse to Malaysia translated to English by a certified translator/ *Untuk kematian di luar negara: Laporan kematian luar negara dari Jabatan Pendaftaran Negara & Kedutaan Malaysia di Negara kematian berlaku, Bukti Penghantaran Mayat kembali ke Malaysia diterjemahkan ke Bahasa Inggeris oleh penterjemah sah*

☐ 28. Payor Instructions (Only applicable for PRUPayor / PRUPayor Basic / PRUPayor PSA)/ *Arahan Payor (Terpakai untuk PRUPayor / PRUPayor Basic / PRUPayor PSA sahaja)*

☐ 29. Death Claim for Payor Instruction: Letter of Instruction Indeminity (LOII) -Proof of Relationship / *Arahan Tuntutan kematian untuk Arahan Payor: Surat Aku janji dan Indemniti - Bukit Hubungan*

☐ 30. Letter of Wish / *Surat Keinginan*

☐ 31. Schedule 1, Schedule 2 and Schedule 3 of trust deed document/ *Jadual 1, Jadual 2, dan Jadual 3 dari dokumen akta kepercayaan*

☐ 32. NRIC/passport copy of the beneficiaries / *Salinan NRIC/pasport dari penerima manfaat benefisiari*

☐ 33. In the event of beneficiaries belonging to an entity, form 24/49 or SSM document must be submitted to identify the ultimate beneficial owner of the entity. / *Sekiranya penerima manfaat adalah entiti, borang 24/49 atau dokumen SSM harus diserahkan untuk megenal pemilik manfaat utama dari entiti tersebut*