### How to submit a claim via PRUServices

Step 1: On the PRUServices homepage, navigate to "Health" or Claims" tab and select "Submit a Claim"



# Step 2: Select "Person Covered for This Claim" and click "Continue"

Submit A Claim

Person covered	Claim type	Claim details	Upload documents	Payout details & summary
	Ensure timely payout     To avoid delays, update your ban     claims. Updates will take effect al	k account details via 'Change Payout Ac ter 24 hours.	count' before submitting your	
	Person covered			
	Select one person covered for this cla	aim.		
	ABCDEFHOOI CHEE			
				Continue

**Step 3:** Select the **"Claim Type"** and **"Policy"** you wish to claim (if you have multiple medical cards). Then, click **"Continue".** 

**Note**: Customer can only select one claim type per submission.

Claim type	Claim details	Upload documents	Payout details & summar
di Claim type			
Select the claim type you want to s	ubmit.		
Hospitalisation/Day Care     Expenses for hospital adr	mission or day care procedures.		
Outpatient Treatment Expenses for treatments hospital admission,	at registered clinics or hospital outpatient	t departments without	
	Scroll up to previous questions		
Select a policy/certificate to procee	d.		
Take note     We'll process your claims b     selection, we'll contact you	based on your best available benefit. If it d l.	liffers from your initial	
O Basic Term Assurance 20411031			
PRUMajor Med Benefit			
PRUMajor Med Benefit Daily room and board		MYR 100.00/day	

**Step 4**: **Document Checklist** – This pop-up outlines the documents you need to submit, depending on the claim type. Click **"Got it"** to proceed to the next step.

### For Hospitalisation/Day Care:

What you will need t	o submit	×	
Document checklist Get your receipts and supporting			
Get your receipts and supporting			
invoices, as Prudential may reque	documents ready for upload. Please keep a st for physical copies.	ll original receipts and	
1 Medical bills & receip	ts	Required ^	
Original receipts (includin breakdown of details. (Re medical bills from the adn	g deposit receipt) and original final bills/tax ir commended for overseas treatment: Obtain I nitting hospital)	voices with an itemised the English-translated	
2 Doctor's statement		Required ^	
Medical report or Physicia English-translated Medica passport indicating evider	n statement. (Recommended for overseas tr I report/Physician statement from the admitt ice of travel.)	eatment: Obtain the ing hospital and	
3 Lab test/Imaging rep	ort	If available 🔨 🔨	
Histopathology, X-ray, MR all other lab test report. (I	l, CT scan, ultrasound, blood test, visual acui applicable)	ty, audiogram report and	
4 Claim settlement lett	er	If available	
Claim settlement letter fro	m other insurers for 3rd party claim. (If appl	icable)	

#### For Outpatient Treatment:

Submit A Claim

Person covered	Claim type	Claim details	Upload documents	Payout details & summary
	What you will r	need to submit		×
	Document chec Get your receipts and si	klist upporting documents ready for upload. Pleas	e keep all original receipts and	
	1 Medical bills	& receipts	Required	_
	Original receipts breakdown of d medical bills fro	s (including deposit receipt) and original final b etails. (Recommended for overseas treatment: m the admitting hospital)	ills/tax invoices with an itemised Obtain the English-translated	
	2 Doctor's men	10	If available	
	Accident date, c endorsed by the	rcumstances of the accident, injuries and trea treating doctor on the receipt(s). (Applicable f	tment details certified or for accidental event)	
	3 Doctor's men	no	If available	×
	Outpatient or fo endorsed by the	llow up visit date, extent of diagnosis and trea treating doctor on the receipt(s). (Applicable f	tment details certified or for outpatient event)	
	4 Nursing care	documents	If available	×
	a) Recommenda b) Nursing quali c) Breakdown of rendered per da	tion letter from the treating doctor for home r fications certificates of the nurses. charges detailing the time and period of the h y. (Applicable for Nursing care benefit)	nursing care. nome nursing care services	
			_	
			Got	it

Step 5: Enter the invoice/bill details and upload the medical bills & receipts, up to maximum of 3 Invoices/ bills per claim type.

Note: You may view the total amount from the bottom.

Submit A Claim

Person covered	Claim type	Claim details	Upload documents	Payout details & summa
	Take note Please ensure the uploaded files are in size. For better quality images, we	in JPG, JPEG, PNG, TIFF or PDF format with each recommend submitting files in PDF format.	h file not exceeding <b>7.5MB</b>	
	Outpatient Treatment			
	Person covered			
	ABCDEF LEOW JIA CHUEN			
	Enter invoice/bill details (1/3	)		
	Invoice/bill 1		1 · · ·	
	Invoice/bill date	Hospital/clinic name		
	08 Sep 2022	ALPHA SPECIALIST CENTRE	<ul> <li>)</li> </ul>	
	Invoice/bill amount			
	MYR 🛩 500.00			
	Medical bills & receipts Original receipts (includin invoices with an itemised overseas treatment: Obta the admitting hospital)	g deposit receipt) and original final bills/tax breakdown of details. (Recommended for in the English-translated medical bills from	± Upload file	
	ipad.png 1 KB		ē	
		+ Add invoice/bill		
	Total amount		MYR 500.00	
				Bac

Step 6: Upload the required documents based on the claim type as suggested.

## Then, click "Continue."

Submit A Claim



**Step 7: Payout Details & Summary** – You will be able to view your payout account details, followed by a summary of your claim submission (including the person covered, claim type, invoice/bill information, and uploaded documents).

Click select on the Terms & Conditions declaration, then click "Submit."

Person covered	Claim type	Claim details	Upload do	cuments Payout details & summ
	<b>1</b> Take note Please review all details and	confirm the declaration to submit	rour claim.	
	Payout method			
	Payout method Direct Credit Account number *******2888	Bank name AFFIN BANK BERHAD	Account holder ABCDEFING SHUEN	Update function will be available in Oct 2025
	Payout will be made to the ban account details via 'Change Pay	k account above. Please verify the i rout Account' (updates will take effe	nformation is correct or update the paye ct after 24hours).	ut
	Summary			
	Person covered ABCDEF LEOW JIA CHUEN	Claim type Outpatient Treatment		
	PRUWith You 00803728			
	PRUvalue med Daily room and board Medsaver		MYR 200.00/d MYR 300.0	ay 200
	· Dement details			

Person covered	Claim type	Claim details	Upload documents	Payout details & summary
	Invoice/bill information			
	Invoice/bill 1		MYR 500.00 🗸	
	Total amount		MYR 500.00	
	Documents			
	Doctor's memo Accident date, circumstances of the ac treating doctor on the receipt(s). (Appl	ccident, injuries and treatment details certific licable for accidental event)	A ed or endorsed by the	
	ipad.png 1 KB			
I declare that I have read, understood and fully agree	ed to the Terms and Conditions, including the Privacy Policy.			Back Submit

Once the claim is submitted, you will see a pop-up message stating: "Your claim request has been submitted for our review. You will receive the claim number via SMS. We will process the claim within 14 days. You may close the tab."

The pop-up also includes details such as the **Person covered**, **Claim type**, **PRUServices reference ID**, **Transaction type**, and **Submission date**.

Request Submitted         Your claim request has been submitted for our review. You number via SMS. We will process the claim within 14 work close the tab.         Person covered       ABCC         Claim type       O         PRUServices ref. ID       P	vill receive the claim
number via SMS. We will process the claim within 14 work close the tab. Person covered ABCI Claim type O PRUServices ref. ID	
Person covered ABCI Claim type O PRUServices ref. ID	ing days. You may
Claim type C PRUServices ref. ID	DEF LEOW JIA CHUEN
PRUServices ref. ID	utpatient Treatment
	L25T4162409
Transaction type	laim reimbursement
Submission date	19 Jun 2025 01:29:29