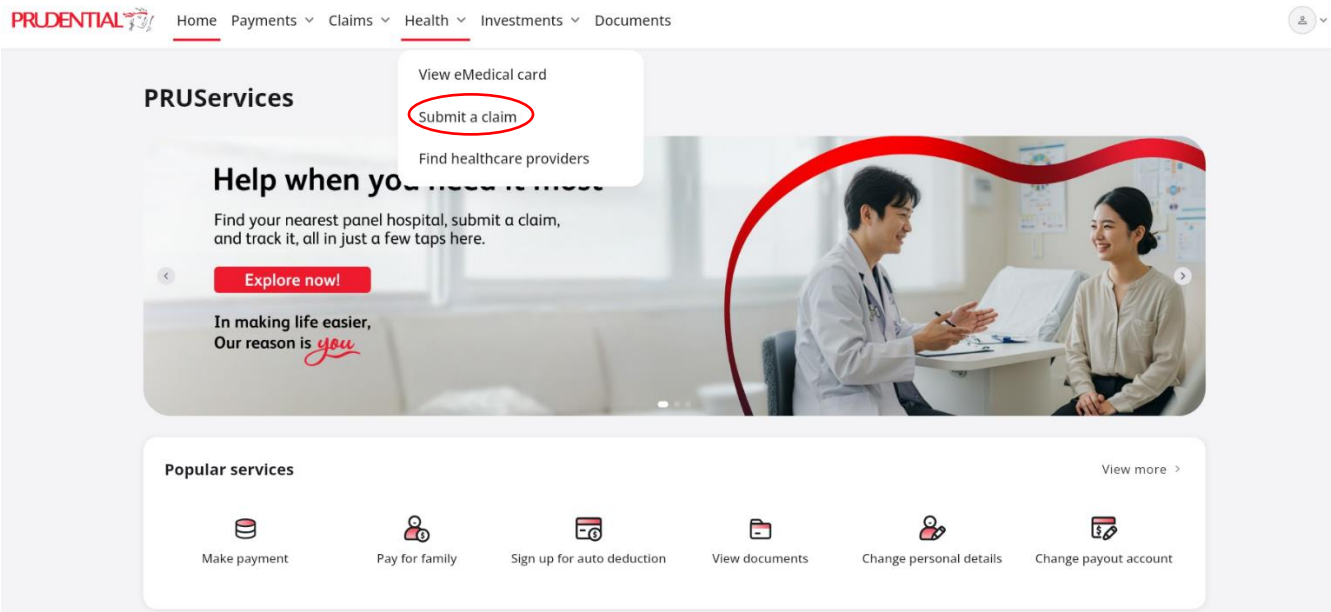
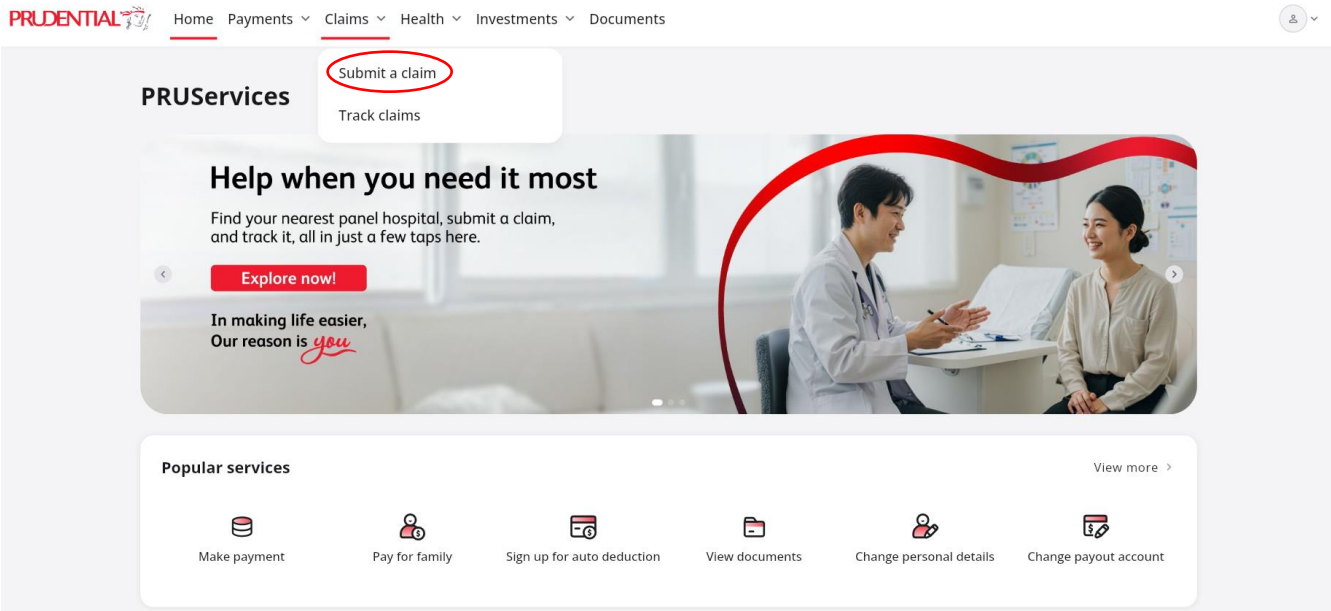


How to submit a claim via PRUServices

Step 1: On the PRUServices homepage, navigate to "Claims" or "Health" 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 bank account details via 'Change Payout Account' before submitting your claims. Updates will take effect after 24 hours.

Person covered

Select one person covered for this claim.

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.

Submit A Claim

Person covered

Claim type

Claim details

Upload documents

Payout details & summary

Claim type

Select the claim type you want to submit.

Hospitalisation/Day Care  
Expenses for hospital admission or day care procedures.

Outpatient Treatment  
Expenses for treatments at registered clinics or hospital outpatient departments without hospital admission.

Scroll up to previous questions

Policy selection

Select a policy/certificate to proceed.

Take note

We'll process your claims based on your best available benefit. If it differs from your initial selection, we'll contact you.

Basic Term Assurance

20411031

PRUMajor Med Benefit

Daily room and board

MYR 100.00/day

Benefit details

Back

Continue

**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:](#)

Submit A Claim

Person covered

Claim type

Claim details

Upload documents

Payout details & summary

What you will need to submit

Document checklist

Get your receipts and supporting documents ready for upload. Please keep all original receipts and invoices, as Prudential may request for physical copies.

1

Medical bills & receipts

Required

Original receipts (including deposit receipt) and original final bills/tax invoices with an itemised breakdown of details. (Recommended for overseas treatment: Obtain the English-translated medical bills from the admitting hospital)

2

Doctor's statement

Required

Medical report or Physician statement. (Recommended for overseas treatment: Obtain the English-translated Medical report/Physician statement from the admitting hospital and passport indicating evidence of travel.)

3

Lab test/Imaging report

If available

Histopathology, X-ray, MRI, CT scan, ultrasound, blood test, visual acuity, audiogram report and all other lab test report. (If applicable)

4

Claim settlement letter

If available

Claim settlement letter from other insurers for 3rd party claim. (If applicable)

Got it

[For Outpatient Treatment:](#)

Submit A Claim

Person covered

Claim type

Claim details

Upload documents

Payout details & summary

What you will need to submit

Document checklist

Get your receipts and supporting documents ready for upload. Please keep all original receipts and invoices, as Prudential may request for physical copies.

1

Medical bills & receipts

Required

Original receipts (including deposit receipt) and original final bills/tax invoices with an itemised breakdown of details. (Recommended for overseas treatment: Obtain the English-translated medical bills from the admitting hospital)

2

Doctor's memo

If available

Accident date, circumstances of the accident, injuries and treatment details certified or endorsed by the treating doctor on the receipt(s). (Applicable for accidental event)

3

Doctor's memo

If available

Outpatient or follow up visit date, extent of diagnosis and treatment details certified or endorsed by the treating doctor on the receipt(s). (Applicable for outpatient event)

4

Nursing care documents

If available

a) Recommendation letter from the treating doctor for home nursing care.  
b) Nursing qualifications certificates of the nurses.  
c) Breakdown of charges detailing the time and period of the home nursing care services rendered per day. (Applicable for Nursing care benefit)

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 & summary

**Take note**  
Please ensure the uploaded files are in **JPG, JPEG, PNG, TIFF or PDF** format with each file not exceeding **7.5MB** in size. For better quality images, we recommend submitting files in PDF format.

**Outpatient Treatment**

Person covered  
ABCDEF LEOW JIA CHUEN

**Enter invoice/bill details (1/3)**

**Invoice/bill 1**

Invoice/bill date: 08 Sep 2022  
Hospital/clinic name: ALPHA SPECIALIST CENTRE

Invoice/bill amount: MYR 500.00

**Medical bills & receipts**  
Original receipts (including deposit receipt) and original final bills/tax invoices with an itemised breakdown of details. (Recommended for overseas treatment: Obtain the English-translated medical bills from the admitting hospital)

Upload file

ipad.png  
1 KB

+ Add invoice/bill

**Total amount** MYR 500.00

Back Continue

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

Then, click "**Continue.**"

**Submit A Claim**

Person covered | Claim type | **Claim details** | **Upload documents** | Payout details & summary

**Take note**  
Please ensure the uploaded files are in **JPG, JPEG, PNG, TIFF or PDF** format with each file not exceeding **7.5MB** in size. For better quality images, we recommend submitting files in PDF format.

**Doctor's memo**  
Accident date, circumstances of the accident, injuries and treatment details certified or endorsed by the treating doctor on the receipt(s). (Applicable for accidental event)  
If available  
ipad.png  
1 KB  
Upload file

**Doctor's memo**  
Outpatient or follow up visit date, extent of diagnosis and treatment details certified or endorsed by the treating doctor on the receipt(s). (Applicable for outpatient event)  
If available  
Upload file

**Nursing care documents**  
a) Recommendation letter from the treating doctor for home nursing care.  
b) Nursing qualifications certificates of the nurses.  
c) Breakdown of charges detailing the time and period of the home nursing care services rendered per day. (Applicable for Nursing care benefit)  
If available  
Upload file

Back Continue

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

Submit A Claim

Person covered | Claim type | Claim details | Upload documents | Payout details & summary

**Take note**  
Please review all details and confirm the declaration to submit your claim.

**Payout account** Update

<b>Payout method</b> Direct Credit	<b>Bank name</b> AFFIN BANK BERHAD	<b>Account holder</b> ABCDEFING SHUEN
<b>Account number</b> *****2888		

Payout will be made to the bank account above. Please verify the information is correct or update the payout account details via 'Change Payout Account' (updates will take effect after 24hours).

**Summary**

<b>Person covered</b> ABCDEF LEOW JIA CHUEN	<b>Claim type</b> Outpatient Treatment
--	---

**PRUWith You**  
00803728

**PRUvalue med**

Daily room and board	MYR 200.00/day
Medsaver	MYR 300.00

[Benefit details](#)


**Step 8: Update payout account** – After clicking the **'Update'** button, you will be directed to the payout account page. Select **'Add account'** to register a new payout account for your claim request.

Submit A Claim Close

Person covered | Claim type | Claim details | Upload documents | Payout details & summary

**Payout Account** ×

**Payout Account** + Add account

 **AFFIN BANK BERHAD**  
\*\*\*\*\*5311 ABCDEF LIANG Select

Cancel Confirm

☐ I have read and agreed to the [Terms & Conditions](#), including the [Privacy Policy](#).

Back Submit

Submit A Claim

Close

Person covered

Account information

Note:

The bank account must be a valid individual bank account with only one account holder. The bank will validate if your name and NRIC number match before we can transfer funds to you. If the information on this page differs from your bank's records, please visit our Customer Engagement Centre.

Account holder's name

ABCDEF LIANG

Account holder's NRIC/Passport number

921030358581

Bank name

MALAYAN BANKING BERHAD

Account number

234567890112

☒

I have read and agreed to the [Terms & Conditions](#), including the [Privacy Policy](#).

Cancel

Confirm

I have read and agreed to the [Terms & Conditions](#), including the [Privacy Policy](#).

Back

Submit

**Step 9:** Confirm and tick the **Terms & Conditions** declaration, then click **"Submit."**

Submit A Claim

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 accident, injuries and treatment details certified or endorsed by the treating doctor on the receipt(s). (Applicable for accidental event)

ipad.png

1 KB

☒

I declare that I have read, understood and fully agreed to the [Terms and Conditions](#), including the [Privacy Policy](#).

Back

Submit

Once the claim is submitted, you will see a submission confirmation page stating:

### Request Submitted

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 details includes **Person covered**, **Claim type**, **PRUServices reference ID**, **Transaction type**, and **Submission date**.



Request Submitted

Your claim request has been submitted for our review. You will receive the claim number via SMS. We will process the claim within 14 working days. You may close the tab.

Person covered	ABCDEF LEOW JIA CHUEN
Claim type	Outpatient Treatment
PRUServices ref. ID	L25T4162409
Transaction type	Submit a claim
Submission date	27 Nov 2025 14:32:08