



EASY CLAIMS GUIDE FOR YOUR REFERENCE

HOW DO I SUBMIT MY CLAIM?

1. Fill up the required claim forms (please refer to Documents required section for the forms listing)
2. Submit the completed forms and supporting documents to us via your agents or you may also submit the documents directly to us.
3. In the event that you have any queries on the above, kindly contact your agent or our Customer Care at 03-76523388 or write to us at info@mciszurich.com.my

DOCUMENTS REQUIRED FOR EACH TYPE OF CLAIMS

Note: The items listed may not be exhaustive and the Company reserves the rights to request for further information/documents.

1. Death Claim
2. Critical Illness
3. Total and Permanent Disability (TPD) Claims
4. Personal Accident (PA) & Accidental Medical Reimbursement (AMRB) Claims
5. Medilink / Mediacard / HealthCare Claims
6. Hospital Surgical / Daily Hospital Benefit Claims

DEATH CLAIM

Documents required:

1. Fully completed Death Claim Form
2. Medical report pertaining to the cause of death (where applicable)
3. Original Policy Document
4. Certified True Copy of Death Certificate
5. Certified true copy of Deceased's IC/Birth Certificate
6. Certified true copy of Claimant's IC
7. Others: Biopsy, MRI, scan and investigation results (where applicable)
8. Original post mortem report (for Accidental Death only)

9. Police report (for Accidental Death only)
10. Newspaper cutting (for Accidental Death only)
11. Hospital's itemized bills
12. Hospital's original receipts.

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CRITICAL ILLNESS

Documents required:

1. Fully completed Critical Illness Claim Form
2. Medical report pertaining to your medical condition
3. Original Policy Document
4. Others: Biopsy, MRI, scan and investigation results (where applicable)

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TOTAL AND PERMANENT DISABILITY (TPD) CLAIMS

Documents required:

1. Fully completed TPD Claim Form
2. Medical report pertaining to your medical condition
3. Original Policy Document
4. Others: Biopsy, MRI, scan and investigation results (where applicable)

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PERSONAL ACCIDENT (PA) & ACCIDENTAL MEDICAL REIMBURSEMENT BENEFIT (AMRB) CLAIMS

Documents required:

1. Fully completed PA Claim Form
2. Medical report pertaining to your medical condition
3. Police report
4. Itemized bills
5. Original receipts
6. Medical Certificate

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MEDILINK / MEDICARD / HEALTHCARE CLAIMS

Documents required:

1. Fully completed Claim Form
2. Medical report pertaining to your medical condition
3. Itemized bills
4. Original receipts

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HOSPITAL SURGICAL / DAILY HOSPITAL BENEFIT CLAIMS

Documents required:

1. Fully completed Claim Form
2. Medical report pertaining to your medical condition
3. Itemized bills
4. Original receipts

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