

Family Claim Documents Checklist

NO	CLAIM TYPE	DOCUMENT REQUIRED	NO	CLAIM TYPE	DOCUMENT REQUIRED
1.	HOSPITAL INCOME BENEFIT (HIB) <i>Additional document that might be required</i>	<input type="checkbox"/> Family Claims Form & Copy of the participant's bank account <input type="checkbox"/> Copy of the bill / Discharge Note <input type="checkbox"/> Copy of police report for motor vehicle accident (if any) <input type="checkbox"/> Family Claims Medical report (<i>For early claim i.e certificate period less than 2 years and diagnosis falls within 36 Critical Illness</i>) (if any)	2.	COMPREHENSIVE PERSONAL ACCIDENT BENEFIT (CPAB) <i>Additional document that might be required</i>	<input type="checkbox"/> Family Claims Form & Copy of the participant's bank account <input type="checkbox"/> Attending Physician Statement CPAB <input type="checkbox"/> Copy of the Medical certificate (MC) <input type="checkbox"/> Original Bill & receipt for outpatient and inpatient bill <input type="checkbox"/> Copy of the police report for Motor Vehicle Accident (if any)
3.	PARTIAL / TOTAL PERMANENT DISABILITY (INDIVIDUAL AND GROUP) <i>Additional document that might be required</i>	<input type="checkbox"/> Family Claims Form & Copy of the participant's bank account <input type="checkbox"/> Claim Release Form <input type="checkbox"/> Attending Physician Statement – PPD/TPD <input type="checkbox"/> Letter of termination from employer <input type="checkbox"/> Copy of the police report for Motor Vehicle Accident <input type="checkbox"/> Any supporting medical reports i.e discharge Note, MRI, X-Ray, Lab Report, ECG etc	4.	WAIVER OF CONTRIBUTION OR FAMILY INCOME BENEFITS	<input type="checkbox"/> Family Claims Form & Copy of the participants' bank account <input type="checkbox"/> Attending Physician Statement – <i>Based on the diagnosis of the Critical Illness – if due to 36 Critical Illness</i> <input type="checkbox"/> Death Certificate – if due to payor death <input type="checkbox"/> Attending Physician Statement – Death/TPD – if due to payor Death/TPD <input type="checkbox"/> Other supporting medical report i.e biopsy, histopathology (HPE), ECG, MRI, X-Ray, blood test etc.
5.	LADY'S BENEFIT	<input type="checkbox"/> Family Claims Form & Copy of the Participants' bank account <input type="checkbox"/> Marriage Certificate for marriage benefits <input type="checkbox"/> Birth Certificate for childbirth benefit <input type="checkbox"/> Family Claims Medical Report for neonatal death / congenital defect <input type="checkbox"/> Attending Physician Statement – Cancer for women related cancer benefit <input type="checkbox"/> Termination letter for retrenchment benefit	6.	CASH REWARD BENEFIT	<input type="checkbox"/> Family Claims Form & Copy of the Participants' bank account <input type="checkbox"/> Copy of passport book or boarding pass / disembarkation or embarkation card / any legal document as a proof of visit – <i>for claims travelling to 5 different countries</i> <input type="checkbox"/> Copy of Sales & purchase Agreement for house purchase <input type="checkbox"/> Copy of an offer letter for performing Hajj – <i>claim for Hajj</i>
7.	DEATH (NATURAL CAUSE) OR ACCELERATED DEATH BENEFIT <i>Additional document that might be required</i>	<input type="checkbox"/> Family Claims Form & Copy of the beneficiaries' bank account <input type="checkbox"/> Claim Release Form <input type="checkbox"/> Attending Physician Statement – Death <input type="checkbox"/> Copy of Certified Death Certificate <input type="checkbox"/> Copy of the beneficiaries' NRIC <input type="checkbox"/> Proof of relationship with Person Covered i.e Marriage cert / Birth cert <input type="checkbox"/> Family Claims Medical Report – (<i>for death occurred at home / other than hospital</i>) <input type="checkbox"/> Employer MC record (<i>for early claim i.e certificate period less than 2 years</i>) (if any) <input type="checkbox"/> Lab report (<i>for cause of death stated as pending laboratory analysis</i>) (if any) <input type="checkbox"/> Newspaper cutting (if any) <input type="checkbox"/> Post-mortem report (if any) <input type="checkbox"/> Any supporting medical report i.e discharge Note, MRI, X-Ray, Lab Report, ECG etc <input type="checkbox"/> Appointment card especially for scheduled follow up for any treatment (<i>if any</i>) <input type="checkbox"/> Consent letter <input type="checkbox"/> Regular clinic name <input type="checkbox"/> Badal haji confirmation (if any) <input type="checkbox"/> Copy of Hajj / Umrah Visa & Documentation from travel agency – if death while performing Hajj <input type="checkbox"/> Copy of the police report for sudden death	8.	CRITICAL ILLNESS Cancer Heart Disease <ul style="list-style-type: none"> ▪ Atherectomy ▪ Heart Attack ▪ CABG ▪ Serious CAD ▪ Heart Valve Surgery ▪ Cardiomyopathy Stroke Kidney Failure <ul style="list-style-type: none"> ▪ End stage renal failure ▪ Medullary Cystic Disease SLE End Stage Lung Disease Benign Brain Tumor Paralysis of Limb Loss of independence existence Major head trauma Motor Neuron Disease Parkinson Disease Encephalitis / Bacterial Meningitis	<input type="checkbox"/> Family Claims Form & Copy of the Participants' bank account (Mandatory documents) <input type="checkbox"/> Attending Physician Statement – Cancer <input type="checkbox"/> Histopathology (HPE) report <input type="checkbox"/> Blood test report for leukemia <input type="checkbox"/> Attending Physician Statement – heart disease <input type="checkbox"/> Coronary Angiogram Report / Echocardiogram / ECG tracing / Bypass Report / Heart Valve Surgery Report <input type="checkbox"/> Laboratory test – Cardiac Enzyme (CK-MB, Troponin T/ Troponin I) <input type="checkbox"/> Attending Physician Statement – Stroke <input type="checkbox"/> CT Scan / MRI report of brain <input type="checkbox"/> Attending Physician Statement – Kidney Failure <input type="checkbox"/> Kidney Dialysis Report <input type="checkbox"/> Renal Biopsy for Medullary cystic disease <input type="checkbox"/> Attending Physician Statement SLE <input type="checkbox"/> Renal biopsy <input type="checkbox"/> Attending Physician Statement – End Stage Lung Disease <input type="checkbox"/> Lung function test <input type="checkbox"/> ABG (Arterial Blood Gas) test result <input type="checkbox"/> Attending Physician Statement – Total Permanent Disability (TPD) <input type="checkbox"/> Attending Physician Statement – Encephalitis Bacterial Meningitis
9.	ACCIDENTAL DEATH <i>Additional document that might be required</i>	<input type="checkbox"/> Family Claims Form & Copy of the beneficiaries' bank account <input type="checkbox"/> Claim Release Form <input type="checkbox"/> Attending Physician Statement – Death <input type="checkbox"/> Copy of the police report <input type="checkbox"/> Copy of the Person Covered NRIC <input type="checkbox"/> Copy of the beneficiaries' NRIC <input type="checkbox"/> Proof of relationship with Person Covered i.e Marriage cert / Birth cert <input type="checkbox"/> Newspaper cutting (if any) <input type="checkbox"/> Badal haji confirmation (if any)			

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10.	DEATH FOR CREDIT RELATED (GCTT & MRTT) <i>Additional document that might be required</i>	<input type="checkbox"/> Family Claims Form & Copy of the beneficiaries' bank account <input type="checkbox"/> Claim Release Form <input type="checkbox"/> Copy of Certified Death Certificate <input type="checkbox"/> Outstanding loan statement <input type="checkbox"/> Copy of the beneficiaries' NRIC <input type="checkbox"/> Copy of the beneficiary's account <input type="checkbox"/> Proof of relationship with Person Covered i.e Marriage cert / Birth cert <input type="checkbox"/> Attending Physician Statement – Death (for Certificate without FCL granted) <input type="checkbox"/> Copy of the police report for accidental / sudden death			
<p>Please submit Claims document(s) by: Mailing to : Family Claim Department, Ikhlas Point or, Email to : Family_Claims@takaful-ikhlas.com.my Takaful Ikhlas reserve the right to request any additional document if deemed necessary</p>					

Medical Claim Documents Checklist

Claim Type	Document required	Document submission / Email / Shared Folder
<ul style="list-style-type: none"> ➤ Pre & Post Hospitalisation ➤ Chemotherapy / Physiotherapy / Dialysis 	<input type="checkbox"/> Hospital & Surgical Claims Form <input type="checkbox"/> *Original Bill <input type="checkbox"/> *Original receipt of payment <input type="checkbox"/> Itemized billing <input type="checkbox"/> Copy of participant's bank accounts <input type="checkbox"/> Other supporting diagnostic reports i.e biopsy, histopathology (HPE), ECG, MRI, X-Ray, blood test etc.	Claim Submission is via email to the address as below: MEDIEXPRESS : CIm@medix.com.my
<ul style="list-style-type: none"> ➤ In Patient Hospitalisation ➤ Day Surgery ➤ Outpatient Accidental Treatment ➤ Outpatient Dental Accidental Treatment 	<input type="checkbox"/> Hospital & Surgical Claims Form <input type="checkbox"/> *Original Bill <input type="checkbox"/> *Original receipt of payment <input type="checkbox"/> Medical report <input type="checkbox"/> Itemized billing <input type="checkbox"/> Copy of participant's bank accounts <input type="checkbox"/> Other supporting diagnostic report i.e biopsy, histopathology (HPE), ECG, MRI, X-Ray, blood test etc <input type="checkbox"/> Copy of the police report for Motor Vehicle Accident (if any)	
Government Hospital Daily Cash Allowance (GHCA)	<input type="checkbox"/> Hospital & Surgical Claims Form <input type="checkbox"/> Medical report <input type="checkbox"/> Copy of the hospital bill <input type="checkbox"/> Copy of the Discharge Note <input type="checkbox"/> Copy of participant's bank accounts <input type="checkbox"/> Copy of police report for motor vehicle accident (if any)	
Unutilized Room & Board	<input type="checkbox"/> Hospital & Surgical Claims Form <input type="checkbox"/> Copy of participant's bank accounts <input type="checkbox"/> Copy of the Discharge Note <input type="checkbox"/> Copy of the hospital bill	Claim Submission is via email to the address as below: MEDICAL CLAIM HQ : medicalclaim@takaful-ikhlas.com.my
Lump Sum Cancer / Kidney Benefit	<input type="checkbox"/> Hospital & Surgical Claims Form <input type="checkbox"/> Copy of the Discharge Note <input type="checkbox"/> Medical Report (if admission not under Takaful Ikhlas) <input type="checkbox"/> Other supporting medical report i.e biopsy, histopathology (HPE), ECG, MRI, X-Ray, blood test etc. (if admission not under Takaful Ikhlas) <input type="checkbox"/> Copy of participant's bank accounts	
NOTES: 1. For the documents below, to <u>scan in colour and to cross at the top right of documents</u> using permanent inks and indicate "FOR TAKAFUL IKHLAS ONLY": *Original Bill *Original Receipt of Payment 2. Takaful Ikhlas reserve the right to request any additional documents if deemed necessary		