

STEP 01

Go to www.allianz.com.my/individual-life

- Look for “File a Medical Claim”
- Download and complete the **Claimant’s Statement & E-Payment Authorisation Form**.
- Compile documents according to the checklist on the claim form. The diagnostic test result for COVID-19 must be submitted apart from the standard checklist.

STEP 02

Submit the Claimant’s Statement, E-Payment Authorisation Form, together with all the original required documents to any nearest Allianz Branches.

File a medical claim

Claim documents for hospital admission

Claim documents for hospital income benefit

Claim documents for pre & post hospitalisation treatment, outpatient treatment

Documents to be provided by Claimant

- Claimant’s Statement (Hospitalisation and Surgical Claim)
[Download form](#)
- Claimant’s NRIC (Both Sides) / Passport Copy, duly certified (if not submitted previously)
- E-Payment Authorisation Form (if not submitted previously)
[Download form](#)

Documents to be collected from hospital

- Medical Report (Hospitalisation Claim)
[Download form](#)
- Original Receipts
- Original Final Tax Invoices
- Itemised Bills / Detailed Bills indicating:
 - Doctor’s Fee
 - Medicine Charges (including medicine name, unit price, prescribed quantity and supply duration)
 - Test/Investigation Charges
- Diagnostic Reports, for example:
 - Magnetic Resonance Imaging (MRI)

HOW TO MAKE A CLAIM

Reimbursement Claim Process: Hospital Admission

Hospitalisation & Surgical Claim / Tuntutan Penghospitalan & Pembedahan (Claimant's Statement / Pernyataan Pihak Meminta)

Policy No. / No. Polisi: [G081875-000] *Claim Amount / Amount Tuntutan (RM):

Payment Details / Butir-butir Pembayaran

Document Checklist / Senarai Semakan Dokumen

Particulars of Life Assured / Butir-butir Orang Diinsuransikan

Name of Life Assured / Nama Orang Diinsuransikan:

NRIC No. / No. KP (Issued): / N. Papan (Untuk warganegara asing sahaja):

E-mail / Email:

Particulars of Claimant / Policy Owner / Butir-butir Pihak Meminta/ Pemunya Polisi

Name of Claimant/ Policy Owner / Nama Pihak Meminta/ Pemunya Polisi:

NRIC No. / No. KP (Issued): / N. Papan (Untuk warganegara asing sahaja):

SMS Notification / Notifikasi SMS

Details of Employment / Butir-butir Pekerjaan

*Name of Employer/ Nama Majikan: *M. No. (Office)/ No. B. (Pejabat):

*Address of Employer:

Adress Majikan:

Postcode/ Poskod:

If The Hospitalisation Was Due To Illness / Jika Penghospitalan Disebabkan Oleh Penyakit

Admission Date/ Tarikh Dimasukkan: / / Discharge Date/ Tarikh Keluar: / /

Name of Hospital or Medical Center / Nama Hospital atau Pusat Perubatan:



DOCUMENT CHECKLIST:

1. Hospitalisation & Surgical Claim Claimant's Statement
2. Claimant's NRIC
3. E-Payment Authorization Form
4. Medical Report (Hospitalisation Claim)
5. Clarification Letter from Treating Doctor with Indication of Covid-19 Category
6. Laboratory / Diagnostic / Imaging Reports including Covid-19 Test Result
7. Original Official Receipt
8. Original Final Tax Invoice
9. Detailed / Itemised Bill

Please insert policy number as << **G081875-000** >>.



HOW TO MAKE A CLAIM

Reimbursement Claim Process: Pre & Post Hospitalisation Treatment

Allianz Life Insurance Malaysia Berhad (10048-X)



DOCUMENT CHECKLIST:

1. Outpatient Treatment Claim Claimant's Statement
2. Claimant's NRIC
3. E-Payment Authorization Form
4. Laboratory / Diagnostic / Imaging Reports
5. Original Official Receipt
6. Original Final Tax Invoice
7. Detailed / Itemised Bill

Outpatient Treatment Claim / Tuntutan Rawatan Pesakit Luar
(Claimant's Statement / Pernyataan Pihak Meminta)

Policy No./ No. Polisi: *Claim Amount / Amount Tuntutan (RM):

Pernyataan / Statement

Instruction / Arahan

Cause of Claim / Sebab Tuntutan

Document Checklist / Senarai Semakan Dokumen

Particulars of Life Assured / Butir-butir Orang Dima insuranskan

Particulars of Claimant/ Policy Owner / Butir-butir Pihak Meminta/ Pemunya Polisi

SMS Notification / Notifikasi SMS

We and Post Hospitalisation Claim (please furnish details of hospitalisation for this pre-diagnostic and follow-up treatment) / Tuntutan Pra dan Selepas Penghospitalan (sila furnisikan butir-butir penghospitalan untuk pra-diagnosis dan rawatan susulan hospital)

Admission Date/ Tarikh Dima insuranskan: ___/___/___ Discharge Date/ Tarikh Keluar: ___/___/___

Name of hospital or medical center you were admitted to/ Nama hospital atau pusat rawatan yang anda dima insuranskan:

Please insert policy number as << **G081875-000** >>.

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HOW TO MAKE A CLAIM

Reimbursement Claim Process: [Submit to Allianz](#)



01 Submit

Complete the claim form and claim documents and submit over to Allianz

02 Allianz

Deferment claim for incomplete claim submission will be issued within **18 working days**

03 Bank

Approved Claim-Credit payment to customer's bank account within **21 working days**



Allianz HQ Address for Claim Document Submission:

Attention to: Mohd Khairul Izwan / Anezfareha

Allianz Life Insurance Malaysia Berhad, Operation Support, Level 23, Menara Allianz Sentral, Jalan Tun Sambanthan, 50470 Kuala Lumpur

Note: In the Claimant's Statement, please provide the policy number of "G081875-000". For more information on Claims, kindly email to ALIM.EBClaim@allianz.com.my.