Overview Of Medical Insurance For International Students
1. Introduction To Education Malaysia Global Services (‘EMGS’)

2. Introduction to AXA Affin General Insurance Berhad (‘AXA’)

3. Medical Insurance Cover & Benefits

4. AXA’s Panel Clinics & Panel Hospitals

5. Insurance Claim Procedures
INTRODUCTION TO EDUCATION MALAYSIA GLOBAL SERVICES ('EMGS')
ABOUT EMGS

• Cabinet decision for the formation of Education Malaysia Global Services ("EMGS") on 11 January 2012 under the purview of the Ministry of Education ("MOE") (previously known as the Ministry of Higher Education "MOHE")

• EMGS is tasked to handle and manage student pass application processing and related matters pertaining to students applying to study in Malaysia
TO CONTACT EMGS

- EMGS is operating at the following address:
  
  20th Floor, Menara TA One  
  22 Jalan P. Ramlee  
  50250 Kuala Lumpur  

- For enquiry, you may contact EMGS at:
  
  1) Email  
     insurance-enquiries@emgs.com.my  
  
  2) Call 03 – 2782 5888  
     
     • Operating hours: 9:00am to 8:00pm  
     • Monday to Sunday, including Public Holidays
INTRODUCTION TO AXA AFFIN GENERAL INSURANCE BERHAD (‘AXA’)
• Represented in Malaysia for 130 years

• The first company to be locally incorporated (in 1975)

• 20 offices around Malaysia

• Professional and well-qualified staff of over 700

• Assets over RM500 million
MEDICAL INSURANCE COVER

&

MEDICAL BENEFITS
The 3 types of medical insurance packages and the respective medical insurance premium per annum are as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Silver Plan</th>
<th>Gold Plan</th>
<th>Platinum Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student aged ≥ 12 and ≤ 60</td>
<td>RM500</td>
<td>RM750</td>
<td>RM850</td>
</tr>
<tr>
<td>Student aged &gt; 60 and ≤ 65</td>
<td>RM2,150</td>
<td>RM2,800</td>
<td>RM3,800</td>
</tr>
</tbody>
</table>

Medical insurance premium is pro-rated based on number of days of insurance cover period required in the event that students require student pass and medical insurance for less than a year.

Refund of insurance premium due to early termination of insurance policy for a valid reason will be accepted provided no insurance claims have been made, subject to review and approval by EMGS.

Students can procure insurance top up in the event that existing insurance cover expired before student pass expiry.
Ministry of Education (‘MOE’) requires all international students to have a valid medical insurance policy procured through EMGS throughout their period of study in Malaysia (i.e. a valid insurance cover must be procured for the duration of the student pass issued by Immigration)

Ensure the following take place for students to obtain medical card as per the EMGS stipulated timeline:

**Step 1**
- For new students, **IPTS to notify EMGS online the actual date of entry** once the student has entered the country
- For renewal and variation cases, insurance policy will commence automatically the day after the expiry of the current Pass or the date the VAL is approved by Immigration respectively

**Step 2**
- Students are to attend medical screening within the EMGS stipulated timeline

**Step 3**
- **IPTS to submit passport to EMGS with a valid pass for at least 7 working days** - only if IPTS is within the Klang Valley and opts to obtain a sticker endorsement on the passport through EMGS
<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>SILVER PLAN</th>
<th>GOLD PLAN</th>
<th>PLATINUM PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Room &amp; Board (Daily max up to 120 days)</td>
<td>200</td>
<td>250</td>
<td>300</td>
</tr>
<tr>
<td>2. Intensive Care Unit (Daily max up to 30 day)</td>
<td>200</td>
<td>250</td>
<td>300</td>
</tr>
<tr>
<td>3. Hospital Miscellaneous Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Surgeon Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Anaesthetist Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Operating Theatre Charges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Daily In-Hospital Physician’s Visit (Max. 120 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Pre-Hospital Diagnostic Tests (within 31 days before hospital confinement)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Pre-Hospitalisation Specialist Consultation (within 31 days before hospital confinement)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Post-Hospitalisation Treatment (within 31 days from hospital discharge)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Emergency Accidental Outpatient Treatment (within 24 hours after the accident &amp; follow-up up to 14 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Accidental Dental Treatment (within 24 hours after the accident &amp; follow-up up to 14 days)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Daycare Procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Ambulance Charges (by road)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Government Service Tax</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Government Hospital Daily Cash Allowance (Max. 120 days)</td>
<td>60</td>
<td>80</td>
<td>100</td>
</tr>
<tr>
<td>17. Medical Report Fee Reimbursement</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>MAXIMUM LIMIT PER DISABILITY (Item 1-17)</td>
<td>20,000</td>
<td>30,000</td>
<td>50,000</td>
</tr>
</tbody>
</table>

Full Reimbursement subject to Maximum Limit Per Disability provided the charges are within the recommendation of the MMA Guidelines and Reasonable and Customary Charges.
# Schedule of Benefits

## Benefits

<table>
<thead>
<tr>
<th>Item</th>
<th>Benefit Description</th>
<th>Silver Plan</th>
<th>Gold Plan</th>
<th>Platinum Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Reimbursement of Tuition Fees - max per semester</td>
<td>10,000</td>
<td>12,500</td>
<td>15,000</td>
</tr>
<tr>
<td>19.</td>
<td>Compassionate Visitation Benefit</td>
<td>5,000</td>
<td>7,500</td>
<td>12,500</td>
</tr>
<tr>
<td>20.</td>
<td>Outpatient GP Treatment (Annual Limit)</td>
<td>500</td>
<td>750</td>
<td>1,250</td>
</tr>
<tr>
<td>21.</td>
<td>Annual Outpatient Cancer Treatment</td>
<td>10,000</td>
<td>15,000</td>
<td>25,000</td>
</tr>
<tr>
<td>22.</td>
<td>Annual Outpatient Kidney Dialysis Treatment</td>
<td>10,000</td>
<td>15,000</td>
<td>25,000</td>
</tr>
<tr>
<td>23.</td>
<td>Emergency Medical Evacuation/Repatriation</td>
<td>100,000</td>
<td>200,000</td>
<td>300,000</td>
</tr>
<tr>
<td>24.</td>
<td>Accidental Death &amp; Disablement</td>
<td>20,000</td>
<td>30,000</td>
<td>50,000</td>
</tr>
<tr>
<td>25.</td>
<td>Funeral Expenses</td>
<td>2,000</td>
<td>2,000</td>
<td>2,000</td>
</tr>
</tbody>
</table>

### Deductible Amount Per Claim (Item 20)

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Silver</th>
<th>Gold</th>
<th>Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible Amount per Claim</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>

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This table provides a detailed view of various benefits offered under different plans, including reimbursement limits for tuition fees, compassionate visitation, outpatient GP treatment, annual limits for outpatient cancer and kidney dialysis treatments, emergency medical evacuation/repatriation, and accidental death & disablement, along with the corresponding deductible amounts for each item.
DESCRIPTION OF BENEFITS

Reimbursement of Tuition Fees
RM 10,000 / RM 12,500 / RM 15,000

In the event of prolonged disability, defined as a covered medical condition which renders the insured person being confined to the hospital continuously for a period of not less than 14 days and includes any post hospital convalescence immediately following the discharge from the hospital, which then actually prevents the insured person from attending to his academic session at his registered college and as a direct result of this non-attendance, and the insured person has to repeat his coursework in a new academic session, this benefit will reimburse the actual college tuition fees paid for the academic session which was missed.
DESCRIPTION OF BENEFITS

Compassionate Visitation
RM 5,000 / RM 7,500 / RM 12,500

Additional accommodation and travelling expenses for a parent or legal guardian located outside Malaysia required on medical advice from the treating physician to remain with the insured person if the insured person is hospitalised for more than five (5) consecutive days and the medical condition does not allow repatriation.
1) Emergency transportation to move an insured person who has a critical medical condition to the nearest hospital

2) Reimbursement of the costs of repatriating the insured person or the mortal remains back to their home country in the event of the insured person having suffered a total and permanent disability or death caused by a covered illness or accident. Death shall be established by an official death certificate.
- Cashless facilities are available at panel hospitals whenever there is a need to be hospitalized.

- Take note that if it is only treatment with no hospitalization, pay first & claim later.

- If it is only for treatment (outpatient), go to panel clinics to enjoy cashless facilities in excess of RM50 per visit (i.e. the first RM50 is to be borne by the student).

Note: All government hospitals do not accept medical cashless cards from any insurance company.
CASHLESS ADMISSION

Student

Swipe card for Admission at Panel Hospital

Diagnostic done by attending doctor

Is Illness covered?

Yes

Datalink will issue Guarantee Letter (GL) to Hospital

Student discharged
Pay excess and ineligible expenses

No

Student pays

Call MediExpress Hotline at 1300-80-0020 to enquire on admission

Refer to insurance policy published on EMGS website for list of exclusion
Each student will receive this card

- Please check the insurance cover period to ensure you are covered up to the expiry of your student pass, if not contact your IPTS on further action required
- Please make sure that the card is kept safely
- Any replacement of card is charged at RM5.00 per card

1) Policy Number
2) Insured Name
3) Passport No.

Insurance cover period (start and end date)
Some hospitals may require personal deposits (on top of treatment deposit granted by AXA) upon admission to **pay excess of your medical benefit entitlement AND/OR non-covered items under the policy**

This deposit is **refundable** upon discharge by the hospital, net of excess and/or non-covered items (if any)
Examples of non-covered items:

- Diagnostics tests that are not related to the disability during the admission
- Extra food
- Admission kit / inpatient kit / discharge pack
- Laundry, flask, extra toilet roll, tissue paper
- Newspapers, rental of television, telephone charges and similar facilities
The following hospitals may require RM200 deposit upon admission:

- Ampang Puteri Specialist Hospital
- Pusat Pakar Tawakal
- Damansara Specialist Hospital
- Puteri Specialist Hospital
- Hospital Penawar, Johor
- Selangor Specialist Hospital

The following hospitals may require RM500 deposit upon admission:

- SUNWAY MEDICAL CENTRE
- SIME DARBY MEDICAL CENTRE
- Bukit Mertajam Specialist Hospital
- Kedah Medical Centre
- Ipoh Specialist Centre
- Seremban Specialist Hospital
- Kuantan Specialist Hospital
- Hospital Pakar Perdana, Kota Bharu
- Kuching Specialist Hospital
If the student goes to:

- Non-panel hospitals
- Government Hospital
- Pre and post hospitalization
- Surgery where you are not required to stay overnight at the hospital

OR

- Hospitalization outside Malaysia (overseas)
- Compassionate Visitation

The student will have to pay first and claim later
AXA PANEL CLINICS AND PANEL HOSPITALS
SELANGOR
- Sime Darby Medical Centre Subang Jaya
- Sime Darby Medical Centre Ara Damansara
- Sunway Medical Centre
- KPJ Damansara Specialist Hospital
- Kelana Jaya Medical Centre
- Pantai Hospital Klang
- Columbia Asia Hospital, Puchong
- Tun Hussein Onn Eye Hospital
- Kajang Medical Centre
- KPJ Kajang Specialist Hospital
- Kajang Plaza Medical Centre
- KPJ Selangor Specialist Hospital
- Arunamari Specialist Medical Centre
- Columbia Asia Hospital, Bukit Rimau
- KPJ Klang Specialist Hospital
- Pusat Rawatan Islam Az-Zahrah
- Hospital Pakar An-Nur Hasanah
- Assunta Hospital
- Sentosa Specialist Hospital

KUALA LUMPUR
- KPJ Ampang Puteri Specialist Hospital
- Sentosa Medical Centre, KL
- Pantai Hospital, Bangsar
- Pantai Hospital, Cheras
- Gleneagles Intan Medical Centre
- Pantai Hospital, Ampang
- Damai Service Hospital (HQ)
- Damai Service Hospital (Melawati)
- Pusat Pakar Tawakal
- Universiti Malaya Specialist Centre
- Hospital Pakar Al-Islam
- Tung Shin Hospital
- Hospital Pusrawi
- Lourdes Medical Centre
- Insitut Jantung Negara
- UKM Specialist Centre
- Columbia Asia Hospital, Cheras
- Columbia Asia Hospital, Setapak
- Prince Court Medical Centre
PANEL HOSPITALS

PENANG
- Penang Adventist Hospital
- Hospital Lam Wah Ee
- Island Hospital
- Loh Guan Lye Specialist Centre
- Bagan Specialist Centre
- KPJ Penang Specialist
- Pantai Hospital Penang

KEDAH
- Kedah Medical Centre
- Metro Specialist Hospital
- Putra Medical Centre
- Pantai Hospital Sungai Petani

PERAK
- KPJ Ipoh Specialist Centre
- Larut Medical Centre
- Taiping Medical Centre
- Perak Community Specialist Hospital
- Pantai Hospital, Ipoh
- Hospital Fatimah
- Columbia Asia Hospital, Taiping

PAHANG
- Kuantan Medical Centre
- Kuantan Specialist Hospital
- Kuantan Clinical Diagnostic Center

NEGERI SEMBILAN
- Columbia Asia Hospital, Seremban
- KPJ Seremban Specialist Hospital
- Senawang Specialist Hospital
PANEL HOSPITALS

JOHOR
- Puteri Specialist Hospital
- KPJ Kluang Specialist Hospital
- Johor Specialist Hospital
- Medical Specialist Centre
- Regency Specialist Hospital
- Putra Specialist Hospital
- Hospital Penawar
- Pantai Hospital, Batu Pahat
- Kempas Medical Centre
- Columbia Asia Hospital, Nusajaya

KELANTAN
- Kota Bahru Medical Centre
- KPJ Perdana Specialist Hospital

TERENGGANU
- Kuala Terengganu Specialist Hospital

MELAKA
- Pantai Hospital Ayer Keroh
- Mahkota Medical Centre
- Putra Specialist Hospital Melaka

SARAWAK
- Normah Medical Centre
- Rejang Medical Centre
- Timberland Medical Centre
- Kuching Specialist Hospital
- KPJ Sibu Specialist Medical Centre
- Columbia Asia Hospital Bintulu
- Miri City Medical Centre
- Columbia Asia Hospital Miri

SABAH
- Sabah Medical Centre
- Rafflesia Medical Centre, Penampang
- Damai Specialist Centre
Download the latest Panel lists from EMGS website at
www.educationmalaysia.gov.my
Our Services > All Services > Medical and Health Insurance >
Insurance Panel Clinics Listing and Insurance Panel Hospitals Listing
Cashless facilities (in excess of RM50 per visit) are available only at panel clinics for consultation services rendered by a General Practitioner (GP) due to sickness and bodily injury.

Note: Refer to the Schedule of Benefits for the maximum annual GP Outpatient limit.

A General Practitioner (GP) clinic is under the conduct of a registered medical practitioner who provides primary care and specializes in family medicine.

A Specialist Clinic is a clinic with in-depth diagnosis or treatment on diseases of specific parts of the body. If a GP refers you to a Specialist AND thereafter you are hospitalized, all the bills will be reimbursable.

Your policy recognizes treatment at General Practitioner (GP) clinics ONLY.
OUTPATIENT CLINICAL VISIT (PANEL CLINICS)
Verification during Registration

STUDENT’S ID CARD & HEALTHCARD
Identification and Authentication
INSURANCE CLAIM PROCEDURES
<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where to get the insurance claim form?</td>
<td>Download the claim form from AXA website at: <a href="http://www.axa.com.my/172/en/Claims/Health-Claims">http://www.axa.com.my/172/en/Claims/Health-Claims</a></td>
</tr>
</tbody>
</table>
| What are the **supporting documents required** to be submitted together with the insurance claim form? | • Original receipts  
• Medical report section in the claim form to be completed by the doctor (only in the event that the claim is RM300 and above) |
| When to submit insurance claims?                 | • Within thirty (30) days of disability                                 |
| Where to submit insurance claim form and supporting documents? | Completed claim form and relevant documents to be submitted to:  
**AXA Affin General Insurance Berhad**  
**Claims Department (EMGS)**  
Level 23, Wisma Goldhill  
No.67, Jalan Raja Chulan  
50200 Kuala Lumpur |
For all claims above RM 300, please request the doctor to complete the medical report

<table>
<thead>
<tr>
<th>G. MEDICAL REPORT (To be completed by the patient’s physician or surgeon)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of patient:</td>
</tr>
<tr>
<td>2. NRIC/Passport/Birth Certificate No.:</td>
</tr>
<tr>
<td>3. Sex:</td>
</tr>
<tr>
<td>4. Age:</td>
</tr>
<tr>
<td>5. Name of hospital:</td>
</tr>
<tr>
<td>6. Date and time of admission:</td>
</tr>
<tr>
<td>7. Date and time of discharge:</td>
</tr>
<tr>
<td>8. Reason for admission/symptoms:</td>
</tr>
<tr>
<td>9. Vital signs: Temperature:</td>
</tr>
<tr>
<td>10. Provisional diagnosis:</td>
</tr>
<tr>
<td>11. Date you were first consulted:</td>
</tr>
<tr>
<td>12. Have you seen this patient before for other problems?</td>
</tr>
<tr>
<td>(If yes, please give date and type of problem)</td>
</tr>
<tr>
<td>13. Was this patient referred to you?</td>
</tr>
<tr>
<td>(If yes, please provide doctor's name and address or the referral letter)</td>
</tr>
<tr>
<td>14. Has the patient ever had the same or similar condition or being informed of this condition before?</td>
</tr>
<tr>
<td>(If yes, please state when)</td>
</tr>
<tr>
<td>15. Name and address of doctors previously consulted by the patient for the condition:</td>
</tr>
<tr>
<td>16. How long in your professional opinion has the condition existed?</td>
</tr>
<tr>
<td>17. Final diagnosis/ICD Coding:</td>
</tr>
<tr>
<td>18. Cause and pathology (if applicable) for the above diagnosis:</td>
</tr>
<tr>
<td>19. Type of investigation and result:</td>
</tr>
<tr>
<td>20. Is this admission primarily for investigation? Yes No</td>
</tr>
<tr>
<td>21. Treatment required:</td>
</tr>
</tbody>
</table>
Claim Form

22. Please state type of procedure performed:

<table>
<thead>
<tr>
<th>Procedure type</th>
<th>Name of doctor</th>
<th>Reason for procedure done</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Other medical conditions or underlying disease present?

<table>
<thead>
<tr>
<th>Medical condition</th>
<th>Since (dd/mm/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td></td>
</tr>
<tr>
<td>(ii)</td>
<td></td>
</tr>
</tbody>
</table>

24. Insured's past medical history (if any):

- (a) Congenital/Hereditary: [ ] Yes [ ] No
- (b) Acute/Mental disorder: [ ] Yes [ ] No
- (c) Self-inflicted/Drugs or Alcohol abuse: [ ] Yes [ ] No
- (d) STD/AIDS/HIV: [ ] Yes [ ] No
- (e) Pregnancy/Childbirth or Infertility: [ ] Yes [ ] No
- (f) Cosmetic/Plastic surgery: [ ] Yes [ ] No
- (g) Routine health screening: [ ] Yes [ ] No

25. Was the condition related to:

(a) Outpatient basis? [ ] Yes [ ] No
(b) Day surgery basis? [ ] Yes [ ] No

If no, please provide details.

26. Can this sickness or injury be treated as an:

(a) Yes [ ] No
(b) Day surgery basis? [ ] Yes [ ] No

27. Was the patient pregnant at the time of the hospitalisation? (For female patient only) [ ] Yes _______ months [ ] No

28. Any possibility of a relapse? [ ] Yes [ ] No

29. Is follow-up required? [ ] Yes [ ] No

30. If the hospitalisation was due to accident, please indicate:

- Date: dd/mm/yyyy
- Time: am/pm
- Nature of accident:__________________________
- Extent of injury:____________________________

31. Medication on discharge:

32. I hereby certify that the answers above are full, complete and true.

- Date: dd/mm/yyyy
- Signature, name and address of physician:__________________________
# How to fill up the Claim Form

**Statement of Claim**

**INSTRUCTIONS**
1. This form must be fully completed to avoid any delay in the settlement of claim, and must be signed at both places provided for.
2. Itemised original bills and receipts covering hospitalisation and surgical expenses for which claim is made must be attached.
3. If the patient/covered person is a child, the insured/policyholder should sign the statement of consent.

**A. INSURED/Covered Person**

<table>
<thead>
<tr>
<th>1. Name of Insured:</th>
<th>EMMA WATSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Name of Policyowner:</td>
<td>EMGS</td>
</tr>
<tr>
<td>3. NRIC/Passport No.:</td>
<td>AG 12345678</td>
</tr>
<tr>
<td>4. Policy No.:</td>
<td></td>
</tr>
<tr>
<td>5. Employment date:</td>
<td></td>
</tr>
<tr>
<td>6. Plan No.:</td>
<td></td>
</tr>
<tr>
<td>7. Tel. No.:</td>
<td>012-2222 888</td>
</tr>
<tr>
<td>8. Tel. No. (H/P):</td>
<td></td>
</tr>
<tr>
<td>9. Email:</td>
<td><a href="mailto:emmaw@email.com">emmaw@email.com</a></td>
</tr>
</tbody>
</table>

**B. Claimant’s Details**

<table>
<thead>
<tr>
<th>1. Name of Claimant:</th>
<th>EMMA WATSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Claimant is:</td>
<td><strong>Self</strong></td>
</tr>
<tr>
<td>3. NRIC/Passport/Birth Cert. No.:</td>
<td>AG 12345678</td>
</tr>
<tr>
<td>4. Date of birth:</td>
<td>01/01/90</td>
</tr>
<tr>
<td>5. Age:</td>
<td>18</td>
</tr>
<tr>
<td>6. Sex:</td>
<td>F</td>
</tr>
<tr>
<td>7. Marital status:</td>
<td><strong>SINGLE</strong></td>
</tr>
<tr>
<td>8. Tel. No.:</td>
<td></td>
</tr>
<tr>
<td>9. Tel. No. (H/P):</td>
<td>012-2222 888</td>
</tr>
<tr>
<td>10. Email:</td>
<td><a href="mailto:emmaw@email.com">emmaw@email.com</a></td>
</tr>
<tr>
<td>11. Occupation:</td>
<td>STUDENT</td>
</tr>
<tr>
<td>12. Employer and address:</td>
<td></td>
</tr>
</tbody>
</table>
How to fill up the Claim Form

- For accident, please complete the column on accident on the claim form
  - Please state date, time, place and how the accident happened.

<table>
<thead>
<tr>
<th>C. ACCIDENT (Please complete if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date: 12/07/13</td>
</tr>
<tr>
<td>2. Time: 2 pm</td>
</tr>
<tr>
<td>3. Place: SS 2, PETALING JAYA</td>
</tr>
<tr>
<td>4. At work: Yes No</td>
</tr>
<tr>
<td>5. State how it happened: FELL OF MOTORCYCLE</td>
</tr>
<tr>
<td>6. Nature of Injury sustained: BROKEN ARM</td>
</tr>
</tbody>
</table>

- For sickness, please complete the column on sickness on the claim form
  - Please state nature of your illness, date first began and date first treated by a doctor

<table>
<thead>
<tr>
<th>D. SICKNESS (Please complete if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nature of illness: FEVER</td>
</tr>
<tr>
<td>2. Date first began: 04/07/13</td>
</tr>
<tr>
<td>3. Date first treated: 05/07/13</td>
</tr>
<tr>
<td>4. Has this condition been treated previously? (Yes) No</td>
</tr>
</tbody>
</table>

How to fill up the Claim Form

9. Claim payment in favour of? (Please specify the name of Payee)
   - [ ] Hospital
   - [x] Employee/Claimant/Insured: EMMA WATSON
   - [ ] Doctor
   - [ ] Other

10. Type of claim: OUTPATIENT

F. AUTHORISATION TO RELEASE INFORMATION

I hereby authorise any physician, hospital, clinic, insurance company or any organisation, institution or person to give full particulars about my health including my/ward’s whole medical history and billing information in respect of this hospitalisation/surgery to AXA Affin General Insurance Berhad. I further consent to the redisclosure of all such medical information and records to insurers, re-insurers, solicitors, my employer, agents/brokers and other third parties in connection with my insurance claims. A duplicate of this authorisation shall be as effective and valid as the original.

Signature of Insured/Claimant: [Signature]
Signature of Policyowner: [Signature]
Date: 01/10/13
Thank you for your attention