

## Requirement Checklist for Life Claims Submission

Dear Members of Field Force,

You are advised to use this checklist as a guide on the documents required for the claim filed. You may obtain a copy of this checklist from Agent Service Centre, Form Counter or Servicing Branch and e-Partner.

**Important Notes :**

1. Please ensure that these requirements are fully complied with in order for us to assess the claim without delay.
2. Group Sales Manager (GSM) or Unit Sales Manager (USM) may certified all claims documents with the exception of claims incurred outside of Malaysia where the confirmation of the claim event and all other related and relevant documents issued by the Foreign Authority must be certified by the Malaysian Embassy or a Public Notary. Full passport book is required for all foreign claims. Please ensure that at all times, all certified copies of the claim document are duly signed and stamped with the name and rank of the GSM or USM.
3. Submit this Requirement Checklist with the claim submission and tick the checkbox for documents submitted.
4. The Company may request for additional documents/reports if deemed necessary.

Policy No. :		Branch :		Agent's signature :				
Assured/Life Assured :		Agent/Contact No. :		Date :				
<b>Direct Credit</b>								
<input type="checkbox"/> Direct Credit Facility Form <input type="checkbox"/> Copy of NRIC <input type="checkbox"/> Copy of bank statement / first page of bank passbook with account details								
<b>Death Claims</b>								
<input type="checkbox"/> Death Claim Form - Claimant's Statement <input type="checkbox"/> CTC Death Certificate <input type="checkbox"/> CTC Claimant's NRIC <input type="checkbox"/> CTC Deceased's NRIC <input type="checkbox"/> CTC of Embarkment Certificate <input type="checkbox"/> CTC Marriage Certificate if Claimant is spouse <input type="checkbox"/> CTC Birth Certificate of Claimant if Claimant is child <input type="checkbox"/> CTC Birth Certificate of Deceased if Claimant is parent <input type="checkbox"/> Original copy of Letter of Authorisation/Consent (3 copies) <input type="checkbox"/> Confirmation letter from National Registration Department (for overseas death claims)			<b>Important Notes</b> i. If cause of death is unknown, the Company will advise further on receipt of the Death Certificate. ii. For Great Senior policies, the Doctor's Statement is waived. However, if death is due to accident – the ADB form & post-mortem report are required. iii. For foreign Death Claim, CTC full passport book / Citizenship Certificate are required. iv. For policy without nomination, Grant of Probate / Letters of Administration is required.					
<b>Additional requirements on accidental death</b> <input type="checkbox"/> Accidental Death Benefit (ADB) Claim Form <input type="checkbox"/> CTC Police Report <input type="checkbox"/> CTC Detailed Post Mortem Report <input type="checkbox"/> CTC of Toxicology Report, if any <input type="checkbox"/> Newspaper Cutting, if any <input type="checkbox"/> Others : _____			<b>Death due to natural causes</b> <input type="checkbox"/> Doctor's Statement (for policy less than 5 years from date of commencement or from date of reinstatement, whichever is the later)					
<b>Total &amp; Permanent Disability Claims</b>								
<input type="checkbox"/> TPD Claim Form - Claimant's Statement <input type="checkbox"/> TPD Claim Form - Doctor's Statement <input type="checkbox"/> Original copy of Letter of Authorisation/Consent (3 copies) <input type="checkbox"/> CTC Employment Termination Letter, if applicable <input type="checkbox"/> CTC Life Assured's NRIC <input type="checkbox"/> CTC Claimant's NRIC (if different from Life Assured) <input type="checkbox"/> CTC Clinic/Hospital Consultation Card <input type="checkbox"/> CTC EPF Withdrawal letter, if applicable <input type="checkbox"/> CTC SOCSO Offer Letter/ SOCSO "Keputusan Jemaah Doktor Mengenai Keilatan", if applicable <input type="checkbox"/> CTC of all relevant diagnostic test results or reports <input type="checkbox"/> CTC Police Report ( <b>accidental cause</b> ) <input type="checkbox"/> Newspaper Cutting ( <b>accidental cause</b> ), if applicable <input type="checkbox"/> Others : _____								
<b>Living Assurance Claims</b>								
<input type="checkbox"/> Living Assurance Claim Form - Claimant's Statement <input type="checkbox"/> Confidential Medical Certificate (Cancer) <input type="checkbox"/> Confidential Medical Certificate (Brain, Nerve & Muscle related condition) - to be completed by Consultant Neurologist <input type="checkbox"/> Confidential Medical Certificate (Heart related conditions) <input type="checkbox"/> Confidential Medical Certificate (Other Illnesses) <input type="checkbox"/> Original copy of Letter of Authorisation/Consent (3 copies) <input type="checkbox"/> CTC of Life Assured's NRIC <input type="checkbox"/> CTC Claimant's NRIC (if different from Life Assured) <input type="checkbox"/> CTC of all relevant diagnostic test results or reports for individual Covered Event (please refer to the list of Covered Events on the reverse side) <input type="checkbox"/> Others : _____								
<b>Accident Rider Claims</b>			<b>GreatLady Claims</b>					
<input type="checkbox"/> Accident Claim Form - Claimant's Statement <input type="checkbox"/> Accident Claim Form - Attending Physician's Statement <input type="checkbox"/> CTC Life Assured's NRIC <input type="checkbox"/> CTC Claimant's NRIC (if different from Life Assured) <input type="checkbox"/> Original/CTC Medical Certificates <input type="checkbox"/> CTC Police Report, if applicable <input type="checkbox"/> CTC Hospital bill(s) and Payment Receipt(s) <input type="checkbox"/> Original Bills and original Payment Receipts (applicable to reimbursement claims) <input type="checkbox"/> CTC of X-ray, MRI, CT scan or other radiology reports <input type="checkbox"/> Others : _____			<input type="checkbox"/> <b>For Childbirth / Caesarean Claim</b> <input type="checkbox"/> CTC Life Assured's NRIC <input type="checkbox"/> H&S Claim Form - Claimant's Statement <input type="checkbox"/> CTC child's birth certificate <input type="checkbox"/> CTC hospital bill and doctor to endorse the date, cause & type of surgery performed (applicable to Caesarean claims) <input type="checkbox"/> <b>For Other Female Illness Claim</b> <input type="checkbox"/> H&S Claim Form - Claimant's Statement <input type="checkbox"/> CTC Life Assured's NRIC <input type="checkbox"/> CTC of all relevant diagnostic test results or reports					
<table border="1" style="border-collapse: collapse;"> <tr style="background-color: #f2f2f2;"> <td style="text-align: center;"><b>For Office Use</b></td> </tr> <tr> <td>Checked By : _____</td> </tr> <tr> <td>Check Date : _____</td> </tr> </table>						<b>For Office Use</b>	Checked By : _____	Check Date : _____
<b>For Office Use</b>								
Checked By : _____								
Check Date : _____								
<p><i>Note : CTC = Certified True Copy</i></p>								

CLM-RCFCF-V03-042015

**Great Eastern Life Assurance (Malaysia) Berhad (93745-A)**

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## LIST OF COVERED EVENTS AND THE REQUIRED MEDICAL EVIDENCE

1. **Heart Attack**
  - Cardiac Enzymes Assay results (CK-MB, Troponin T / Troponin I)
  - ECG tracing
  - Echocardiogram / Coronary Angiogram report
2. **Stroke**
  - CT Scan / MRI Report of Brain
  - \* CMC to be completed by Consultant Neurologist
3. **Coronary Artery Disease Requiring Surgery**
  - Coronary Artery By-Pass Surgery Report
4. **Cancer**
  - Histopathology Report
  - CT Scan / MRI Reports, if available
  - Bone Marrow Aspiration / Trepine Biopsy Report (Leukemia only)
  - Blood and laboratory test report
5. **Kidney Failure**
  - Kidney Dialysis Report / Dialysis Receipts
  - Kidney transplantation report
  - Blood test results
  - \* CMC to be completed by Consultant Nephrologist
6. **Fulminant Viral Hepatitis**
  - CT Scan Report of Liver
  - Liver Function Test results
  - Abdominal ultrasound
  - Hepatitis viral serology test
  - Any other laboratory or pathology reports
7. **Major Organ Transplant**
  - Surgery Report
8. **Paralysis / Paraplegia**
  - X-ray/CT Scan/ MRI Reports, if available
9. **Multiple Sclerosis**
  - CT Scan & MRI Report of Brain & Spine
  - Nerve conduction study / Evoked potential test
  - \* CMC to be completed by Consultant Neurologist
10. **Primary Pulmonary Arterial Hypertension**
  - All clinical and laboratory investigation results including cardiac catheterization
  - Echocardiogram report
11. **Blindness**
  - Visual Acuity Report on both eyes to be done by an ophthalmologist
  - \* CMC to be completed by an Ophthalmologist.
12. **Heart Valve Replacement**
  - Heart Valve Surgery Report
13. **Loss of Hearing / Deafness**
  - Pure Tone Audiometry Test and Sound Threshold Test results
  - Brainstem Auditory Evoked Response (BAER) report
14. **Surgery to Aorta**
  - Aorta Surgery Report
15. **Loss of Speech**
  - Laryngoscopy report
  - \* CMC to be completed by speech pathologist/therapist
16. **Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorder**
  - All relevant investigation results in support of the diagnosis
17. **Major Burns**
  - Total Body Surface Area Burn Assessment Report
18. **Coma**
  - \* CMC to be completed by Consultant Neurologist
19. **Terminal Disease**
  - All relevant investigation results in support of the diagnosis
20. **Motor Neuron Disease**
  - CT Scan/ MRI report of the Brain and Spine
  - Electromyography (EMG ) test results
  - All relevant investigation results in support of the diagnosis
  - \* CMC to be completed by Consultant Neurologist
21. **HIV Infection due to Blood Transfusion**
  - HIV antibody test by ELISA method on the date of blood transfusion
  - HIV antibody test by ELISA method 3 - 6 months from date transfusion
  - Statement from statutory Health Authority to confirm that the disease was medically acquired.
  - Western Blot test
22. **Parkinson's Disease**
  - All relevant investigation results in support of the diagnosis
  - \* CMC to be completed by Consultant Neurologist
23. **Chronic Liver Disease**
  - Liver Function Test
  - CT Scan of Liver
  - All laboratory, pathology, hepatitis screening, ultrasound & histology reports
24. **Chronic Lung Disease**
  - Pulmonary Function Test results
  - Arterial Blood Gas test results
  - FEV 1 Test results
  - Relevant investigation results
25. **Major Head Trauma**
  - CT Scan / MRI Report of Brain
  - Surgery report
  - Police report, if any
26. **Aplastic Anemia**
  - Bone Marrow Aspiration Report
  - Blood transfusion records
  - Bone Marrow transplant report
  - Full Blood Picture reports
27. **Muscular Dystrophy**
  - Lumbar puncture
  - Electromyography (EMG ) test results
  - Muscles biopsy
  - All relevant investigation results in support of the diagnosis
  - \* CMC to be completed by Consultant Neurologist
28. **Benign Brain Tumor**
  - CT Scan / MRI Report of Brain
  - Histopathology Report, if available
29. **Encephalitis**
  - CT Scan / MRI Report of Brain
  - \* CMC to be completed by Consultant Neurologist
30. **Poliomyelitis**
  - Diagnostic test results
  - \* CMC to be completed by Consultant Neurologist
31. **Brain Surgery**
  - Brain Surgery Report
32. **Bacterial Meningitis**
  - CT Scan / MRI Report of Brain & Spine
  - Lumbar puncture test report
33. **Other Serious Coronary Artery Disease**
  - Coronary Angiogram Report
34. **Apallic Syndrome**
  - CT Scan / MRI Report of Brain
  - \* CMC to be completed by Consultant Neurologist
35. **AIDS Cover for Medical Staff**
  - HIV antibody test by ELISA method within 5 days of the event/accident
  - HIV antibody test by ELISA method 3 - 6 months from date of blood transfusion.
  - Statement from statutory Health Authority to confirm that the disease was occupationally acquired.
  - Western Blot test
36. **Full Blown AIDS**
  - HIV antibody test by ELISA method
  - Western Blot Test
  - CD4 Cell Count
  - All serial Full Blood Picture blood test results
  - Histopathology examination (HPE)/ Biopsy report for Kaposi sarcoma or Malignant lymphoma
  - CT Scan/ MRI of Brain for Progressive multifocal leukoencephalopathy.
  - Chest X-ray report
  - Sputum C & S report
  - Sputum AFB

\* CMC = Confidential Medical Certificate

## **LIST OF COVERED EVENTS AND THE REQUIRED MEDICAL EVIDENCE FOR POLICIES INCEPTED YEAR 2012 AND ABOVE**

### **1. Heart Attack**

- Cardiac Enzymes Assay results (CK-MB, Troponin T / Troponin I)
- ECG tracing
- Echocardiogram / Coronary Angiogram report

### **2. Stroke**

- CT Scan / MRI Report of Brain
- \* CMC to be completed by Consultant Neurologist

### **3. Coronary Artery By-Pass Surgery**

- Coronary Artery By-Pass Surgery Report

### **4. Cancer**

- Histopathology Report
- CT Scan / MRI Reports, if available
- Bone Marrow Aspiration / Trepine Biopsy Report (Leukemia only)
- Blood and laboratory test report

### **5. End Stage Kidney Failure**

- Kidney Dialysis Report / Dialysis Receipts
- Kidney transplantation report
- Blood test results
- \* CMC to be completed by Consultant Nephrologist

### **6. Fulminant Viral Hepatitis**

- CT Scan Report of Liver
- Liver Function Test results
- Abdominal ultrasound
- Hepatitis viral serology test
- Any other laboratory or pathology reports

### **7. Major Organ / Bone Marrow Transplant**

- Surgery Report

### **8. Paralysis / Paraplegia**

- X-ray/CT Scan/ MRI Reports, if available

### **9. Multiple Sclerosis**

- CT Scan & MRI Report of Brain & Spine
- Nerve conduction study/ Evoked potential test
- \* CMC to be completed by Consultant Neurologist

### **10. Primary Pulmonary Arterial Hypertension**

- All clinical and laboratory investigation results including cardiac catheterization
- Echocardiogram report

### **11. Blindness / Total Loss of Sight**

- Visual Acuity Report on both eyes to be done by an ophthalmologist
- \* CMC to be completed by an Ophthalmologist.

### **12. Heart Valve Surgery**

- Heart Valve Surgery Report

### **13. Deafness / Total Loss of Hearing**

- Pure Tone Audiometry Test and Sound Threshold Test results
- Brainstem Auditory Evoked Response (BAER) report

### **14. Surgery to Aorta**

- Aorta Surgery Report

### **15. Loss of Speech**

- Laryngoscopy report
- \* CMC to be completed by speech pathologist/therapist

\* CMC = Confidential Medical Certificate

### **16. Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorder**

- All relevant investigation results in support of the diagnosis

### **17. Major Burns**

- Total Body Surface Area Burn Assessment Report

### **18. Coma**

- \* CMC to be completed by Consultant Neurologist

### **19. Systemic Lupus Erythematosus (SLE) With Lupus Nephritis**

- Lupus Erythematosus (LE) cell blood test results
- Anti-DNA Antibodies
- Urine FEME results over past 6 months
- Renal function tests with eGFR results over past 6 months
- Renal biopsy report

### **20. Motor Neuron Disease**

- CT Scan/ MRI report of the Brain and Spine
- Electromyography (EMG ) test results
- All relevant investigation results in support of the diagnosis
- \* CMC to be completed by Consultant Neurologist

### **21. HIV Infection due to Blood Transfusion**

- HIV antibody test by ELISA method on the date of blood transfusion
- HIV antibody test by ELISA method 3 - 6 months from date transfusion
- Statement from statutory Health Authority to confirm that the disease was medically acquired.
- Western Blot test

### **22. Parkinson's Disease**

- All relevant investigation results in support of the diagnosis
- \* CMC to be completed by Consultant Neurologist

### **23. End Stage Liver Failure**

- Liver Function Test
- CT Scan of Liver
- All laboratory, pathology, hepatitis screening, ultrasound & histology reports

### **24. End Stage Lung Disease**

- Pulmonary Function Test results
- Arterial Blood Gas test results
- FEV 1 Test results
- Relevant investigation results

### **25. Major Head Trauma**

- CT Scan / MRI Report of Brain
- Surgery report
- Police report, if any

### **26. Chronic Aplastic Anemia**

- Bone Marrow Aspiration Report
- Blood transfusion records
- Bone Marrow transplant report
- Full Blood Picture reports

### **27. Muscular Dystrophy**

- Lumbar puncture
- Electromyography (EMG ) test results
- Muscles biopsy
- All relevant investigation results in support of the diagnosis
- \* CMC to be completed by Consultant Neurologist

### **28. Benign Brain Tumor**

- CT Scan / MRI Report of Brain
- Histopathology Report, if available

### **29. Encephalitis**

- CT Scan / MRI Report of Brain
- \* CMC to be completed by Consultant Neurologist

### **30. Severe Cardiomyopathy**

- Echocardiographic report
- Cardiac catheterisation report

### **31. Brain Surgery**

- Brain Surgery Report

### **32. Bacterial Meningitis**

- CT Scan / MRI Report of Brain & Spine
- Lumbar puncture test report

### **33. Other Serious Coronary Artery Disease**

- Coronary Angiogram Report

### **34. Angioplasty And Other Invasive Treatments For Major Coronary Artery Disease**

- Coronary angiogram report
- Percutaneous Coronary Intervention (PCI) or Laser treatment report

### **35. Loss Of Independent Existence**

- CT Scan / MRI report
- Ultrasound report
- Surgery report
- Blood test reports

### **36. Full Blown AIDS**

- HIV antibody test by ELISA method
- Western Blot Test
- CD4 Cell Count
- All serial Full Blood Picture blood test results
- Histopathology examination (HPE)/ Biopsy report for Kaposi sarcoma or Malignant lymphoma
- CT Scan/ MRI of Brain for Progressive multifocal leukoencephalopathy.
- Chest X-ray report
- Sputum C & S report
- Sputum AFB