



3 Easy Steps to Make a Claim

Step 1: The Policyholder or Insured Person must notify the Company immediately after the event which could give rise to a claim.

- (i) Call the Company at 1800 88 8811; or
- (ii) Complete the Personal Accident & Health Claims Form and email it to MYPAClaims@aig.com.

Step 2: The Policyholder or Insured Person must prepare the relevant basic supporting documents as per the nature of claim as per table provided below.

Step 3: The Policyholder or Insured Person must submit the claims evidence to the Company within 90 days after the event which could give rise to a claim to:

AIG Malaysia Insurance Berhad (795492-W)
Claims Department, Level 16.
Menara Worldwide, 198 Jalan Bukit Bintang,
55100, Kuala Lumpur, Malaysia
Email: MYPAClaims@aig.com

Note:

The Company may request for additional documents depending on nature and circumstances of the claim in which case the Company will contact the Claimant. Please refer to the terms and conditions in the Policy Wording and Schedule of Benefits for details on the coverage.

No	Benefit	Claim Documents
Mandatory Document	<ol style="list-style-type: none">1. Fully completed Personal Accident & Health Claim Form2. Copy of pay slip for month of accident	
1	Accidental Death/Accidental Death due to Natural Catastrophe/Funeral Expenses	<ol style="list-style-type: none">1. Medical report from treating doctor2. Detailed postmortem report/ autopsy report3. Copy of death certificate4. Police report and findings on the alleged accident (where applicable)5. Driver's license (if insured person was driving at the time of accident)6. Toxicology test result
2	Permanent Disablement / Permanent Total Disablement	<ol style="list-style-type: none">1. Medical report from treating doctor2. Medical specialist report confirming the Permanent Disablement/Permanent Total Disablement and percentage of disability for assessment done at the end of the specified period in the respective policy



		<ol style="list-style-type: none"> 3. Work incident report issued by company/employer (if industrial or work related) 4. Police report and findings on the alleged accident (where applicable) 5. Driver's licence (if insured person was driving at the time of accident) 6. Toxicology test result, if available
3	Accidental Death In A Common Carrier	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Detailed postmortem report/ autopsy report 3. Copy of death certificate 4. Police report and findings on the alleged accident 5. Police report lodged by the common carrier company/driver of the common carrier on the alleged accident. 6. Original receipt for the purchase of the ticket for the travel on a common carrier or tickets and/or boarding pass
4	Accidental Death At Workplace	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Detailed postmortem report/ autopsy report 3. Copy of death certificate 4. Police report and findings on the alleged accident (where applicable) 5. Driver's license (if insured person was driving at the time of accident) 6. Work incident report issued by company/employer
5	Repatriation of Mortal Remains	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Detailed postmortem report/ autopsy report 3. Copy of death certificate 4. Police report and findings on the alleged accident (where applicable) 5. Toxicology test result 6. Driver's licence (if insured person was driving at the time of accident) 7. Original payment receipts and invoice for repatriation expenses, or; 8. Original payment receipts and invoice for funeral/ cremation at the place of death outside country of residence 9. Work incident report issued by company/employer (if industrial or work related)
6	Emergency Medical Evacuation	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Police report and findings on the alleged accident (where applicable) 3. Driver's licence (if insured person was driving at the time of accident) 4. Letter from treating Doctor confirming the necessity of the evacuation 5. Original payment receipts and invoice for evacuation expenses
7	Medical Expenses Due To An Injury / Physiotherapy Expenses	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Hospital billing statement 3. Referral letters for physiotherapy, if available 4. Original medical or payment receipts 5. Police report and findings on the alleged accident (where applicable) 6. Driver's license (if Insured Person was driving at the time of accident)



8	Daily Hospitalization Income/ Surgical Cash /Coma	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Hospital discharge summary 3. Hospital billing statement 4. Police report and findings on the alleged accident (where applicable) 5. Driver's license (if Insured Person was driving at the time of accident)
9	Ambulance Fees	<ol style="list-style-type: none"> 1. Original receipt for the ambulance 2. Medical report from treating doctor 3. Police report and findings on the alleged accident (where applicable) 4. Driver's license (if Insured Person was driving at the time of accident)
10	Serious Burns	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Medical report confirming the percentage of body surface area that was burnt and the type of burn(s) 3. Police report and findings on the alleged accident (where applicable) 4. Driver's license (if Insured Person was driving at the time of accident) 5. Work incident report issued by company/employer (if industrial or work related)
11	Mobility Assistance Due To Temporary Total Disablement / Mobility Assistance Due To Permanent Total Disablement	<ol style="list-style-type: none"> 1. Medical Report from treating doctor 2. Hospital discharge summary 3. Hospital billing statement 4. Medical specialist report confirming the Permanent Total Disablement and percentage of disability for assessment done at the end of the specified period in the respective policy (for Mobility Assistance Due To Temporary Total Disablement) 5. Work incident report issued by company/employer (if industrial or work related) 6. Prescription from the doctor on the usage/necessity of the Mobility Aid(s) 7. Original receipts and invoice for mobility equipment 8. Police report and findings on the alleged accident (where applicable) 9. Driver's license (if Insured Person was driving at the time of accident)
12	Fractures	<ol style="list-style-type: none"> 1. Medical Report from treating doctor 2. X-Ray report 3. X-Ray film/CD (if necessary) 4. Hospital discharge summary 5. Hospital billing statement 6. Police report and findings on the alleged accident (where applicable) 7. Driver's license (if Insured Person was driving at the time of accident) 8. Work incident report issued by company/employer (if industrial or work related)



15	Household Bills Protection	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Hospital discharge summary 3. Hospital billing statement 4. Police report and findings on the alleged accident (where applicable) 5. Driver's license (if Insured Person was driving at the time of accident) 6. Work incident report issued by company/employer (if industrial or work related)
14	Weekly Allowance Due To Temporary Total Disablement	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Copy of medical sick leave (MC) 3. Proof of employment 4. Police report and findings on the alleged accident (where applicable) 5. Driver's license (if insured person was driving at the time of accident)
15	Alternative Medical Treatment	<ol style="list-style-type: none"> 1. Report from alternative medical practitioner 2. Referral letters 3. Original payment receipts and invoice for alternative medical treatment 4. Police report and findings on the alleged accident (where applicable) 5. Driver's license (if Insured Person was driving at the time of accident)
16	Snatch Theft	<ol style="list-style-type: none"> 1. Police report and findings on the alleged incident
17	Education Fund Benefit	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Detailed postmortem report/ autopsy report 3. Toxicology test result 4. Copy of death certificate 5. Police report and findings on the alleged accident (where applicable) 6. Driver's license (if Insured Person was driving at the time of accident) 7. Incident report issued by company/employer (if industrial or work related) 8. Copy of child(ren) birth certificate as proof of relationship 9. Supporting documents showing child(ren) enrollment in an Education Institution at the time of insured's death
18	Bereavement Benefit Due To Death From Dengue Fever Or Malaria	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Detailed postmortem report/ autopsy report 3. Copy of death certificate
19	Retraining For Alternative Employment	<ol style="list-style-type: none"> 1. Medical report from treating doctor 2. Medical specialist report confirming the Permanent Disablement and percentage of disability for assessment done at the end of the specified period in the respective policy 3. Work Incident report issued by company/employer (if industrial or work related) 4. Police report and findings on the alleged accident (where applicable) 5. Driver's licence (if insured person was driving at the time of accident). 6. Toxicology test result, if available 7. Letter from employer confirming that the employee is not fit to continue with the current job skill



		8. Original payment receipts and invoice for enrollment to licensed educational or occupational rehabilitation institutions
20	Staff Replacement	<ol style="list-style-type: none">1. Medical report from treating doctor2. Medical specialist report confirming the insured person is entirely disabled and prevented from engaging in or attending to their profession or usual occupation for a temporary period of time3. Copy of medical sick leave (MC)4. Proof of employment5. Police report and findings on the alleged accident (where applicable)6. Driver's license (if insured person was driving at the time of accident)7. Original receipt for cost to hire a temporary replacement :<ol style="list-style-type: none">a. Salariesb. Administrative costsc. Training costs
21	Home Nursing Care	<ol style="list-style-type: none">1. Medical report from treating doctor2. Hospital discharge summary3. Hospital billing statement4. Doctor's report stating that the insured person is unable to perform at least 2 out of 6 Activities of Daily Living for a continuous and uninterrupted period of time and the receipts from the nursing care service provider for the expenses incurred5. Original payment receipts and invoice for home nursing care6. Work incident report issued by company (if industrial or work related)7. Police report and findings on the alleged accident (where applicable)8. Driver's license (if insured person was driving at the time of accident)