

Important Notes: Nota-nota Penting:

- Please ensure that these required documents are fully complied with in order for us to assess the claim without delay.**
Sila pastikan dokumen-dokumen yang diperlukan ini dipatuhi sepenuhnya agar kami dapat menilai tuntutan tanpa sebarang penangguhan.
- Submit this Document Checklist with the claim submission and tick the checkbox for documents submitted.**
Hantar Senarai Semak Dokumen ini bersama dengan penyerahan tuntutan dan tandakan kotak semak untuk dokumen yang dihantar.
- The Takaful Operator may request for additional documents/reports if deemed necessary.**
Pengendali Takaful boleh memohon dokumen/laporan tambahan jika dianggap perlu.

Certificate No.	: _____
<i>No. Sijil</i>	
Participant/Person Covered	: _____
<i>Peserta/Orang yang Dilindungi</i>	
Death Claims Tuntutan Kematian	
<input type="checkbox"/> Death Claim Form <i>Borang Tuntutan Kematian</i> <input type="checkbox"/> CTC Death Certificate <i>Sijil Kematian</i> <input type="checkbox"/> CTC Claimant's NRIC <i>Kad Pengenalan Penuntut</i> <input type="checkbox"/> CTC Deceased's NRIC <i>Kad Pengenalan Si Mati</i> <input type="checkbox"/> CTC Marriage Certificate if Claimant is spouse <i>Sijil Perkahwinan, jika Penuntut adalah pasangan</i> <input type="checkbox"/> CTC Birth Certificate of Claimant if Claimant is child <i>Sijil Kelahiran Penuntut, jika Penuntut adalah anak</i> <input type="checkbox"/> CTC Birth Certificate of Deceased if Claimant is parent <i>Sijil Kelahiran Si Mati, jika Penuntut adalah ibu/ayah</i>	
<u>Additional documents on accidental death <i>Dokumen-dokumen tambahan bagi kematian disebabkan kemalangan</i></u>	
<input type="checkbox"/> Accidental Death Benefit (ADB) Claim Form <i>Borang Tuntutan Manfaat Kematian disebabkan Kemalangan</i> <input type="checkbox"/> CTC Police Report <i>Laporan Polis</i> <input type="checkbox"/> CTC Detailed Post Mortem Report <i>Laporan Bedah Siasat yang terperinci</i> <input type="checkbox"/> CTC of Toxicology Report, if any <i>Laporan Toksikologi, jika ada</i> <input type="checkbox"/> Newspaper Cutting, if any <i>Potongan akhbar, jika ada</i> <input type="checkbox"/> Others : <i>Lain-lain:</i> _____	
Total & Permanent Disability Claims Tuntutan Hilang Upaya Penuh & Kekal	
<input type="checkbox"/> TPD Claim Form - Claimant's Statement <i>Borang Tuntutan Hilang Upaya Penuh & Kekal - Kenyataan Penuntut</i> <input type="checkbox"/> TPD Claim Form - Doctor's Statement <i>Borang Tuntutan Hilang Upaya Penuh & Kekal - Kenyataan Doktor</i> <input type="checkbox"/> CTC Employment Termination Letter, if applicable <i>Surat Penamatan Pekerjaan, jika berkenaan</i> <input type="checkbox"/> CTC Person Covered's NRIC <i>Kad Pengenalan Orang yang Dilindungi</i> <input type="checkbox"/> CTC Claimant's NRIC (if different from Person Covered) <i>Kad Pengenalan Penuntut (jika berbeza dengan Orang yang Dilindungi)</i> <input type="checkbox"/> CTC Clinic/Hospital Consultation Card <i>Kad Perundingan Klinik/Hospital</i> <input type="checkbox"/> CTC EPF Withdrawal letter, if applicable <i>Surat Pembatalan KWSP, jika berkenaan</i> <input type="checkbox"/> CTC SOCSO Offer Letter/ SOCSO "Keputusan Jemaah Doktor Mengenai Keilatan", if applicable <i>Surat Tawaran SOCSO/Keputusan Jemaah Doktor Mengenai Keilatan SOCSO, jika berkenaan</i> <input type="checkbox"/> CTC of all relevant diagnostic test results or reports <i>Semua keputusan atau laporan ujian diagnostik yang berkaitan</i> <input type="checkbox"/> CTC Police Report (accidental cause) <i>Laporan Polis (jika disebabkan kemalangan)</i> <input type="checkbox"/> Newspaper Cutting (accidental cause), if applicable <i>Potongan akhbar (jika disebabkan kemalangan), jika berkenaan</i> <input type="checkbox"/> Others : <i>Lain-lain:</i> _____	
Critical Illness Claims Tuntutan Penyakit Kritikal	
<input type="checkbox"/> Critical Illness Claim Form <i>Borang Tuntutan Penyakit Kritikal</i> <input type="checkbox"/> CTC of Person Covered's NRIC <i>Kad Pengenalan Orang yang Dilindungi</i> <input type="checkbox"/> CTC Claimant's NRIC (if different from Person Covered) <i>Kad Pengenalan Penuntut (jika berbeza dengan Orang yang Dilindungi)</i> <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) <i>Semua keputusan atau laporan ujian diagnostik yang berkaitan dengan Kejadian yang Dilindungi (sila rujuk pada senarai Kejadian yang Dilindungi di muka sebelah)</i> <input type="checkbox"/> Others : <i>Lain-lain:</i> _____	
Hospitalisation Benefit Claims Tuntutan Manfaat Hospitalisasi	
<input type="checkbox"/> Attending Physician's Statement Form <i>Borang Kenyataan Doktor yang Merawat</i> <input type="checkbox"/> Discharge note <i>Nota Discaj</i> <input type="checkbox"/> CTC of Person Covered's NRIC <i>Kad Pengenalan Orang yang Dilindungi</i> <input type="checkbox"/> CTC of all relevant reports or test results, if any <i>Semua keputusan atau laporan ujian yang berkaitan, jika ada</i> <input type="checkbox"/> CTC hospitalisation bill, if any <i>Bil kemasukan ke hospital, jika ada</i> <input type="checkbox"/> Others : <i>Lain-lain:</i> _____	
<p><i>Note : CTC = Certified True Copy Salinan yang Disahkan Benar</i></p>	

CLM-MSDC-V00-032022-TAKAFUL

Great Eastern Takaful Berhad 201001032332 (916257-H)

Head Office: MikroSayang, Menara Great Eastern 303 Jalan Ampang 50450 Kuala Lumpur

Customer Service Careline: 03-4259 8350 Fax: +603 4259 8808

E-mail: mikrosayang@greataeastertakaful.com Website: www.mikrosayang.com

LIST OF COVERED EVENTS AND THE REQUIRED MEDICAL EVIDENCE

SENARAI KEJADIAN YANG DILINDUNGI DAN BUKTI PERUBATAN YANG DIPERLUKAN

1. **Heart Attack *Serangan Jantung***
 - Cardiac Enzymes Assay Results (CK-MB, Troponin T / Troponin I) *Keputusan Ujian Enzim Kardiak (CK-MB, Troponin T / Troponin I)*
 - ECG tracings *Keputusan ECG*
 - Echocardiogram / Coronary Angiogram report *Laporan Ekokardiogram / Angiogram Koronari*
 - Angioplasty Surgery report, if any *Laporan Pembedahan Angioplasti, jika ada*
2. **Stroke *Strok***
 - CT Scan / MRI Report of Brain *Laporan Imbasan CT / MRI Otak*
3. **Coronary Artery Disease Requiring Surgery *Penyakit Koronari Arteri yang Memerlukan Pembedahan***
 - Coronary Artery By-Pass Surgery Report *Laporan Pembedahan Pintasan Arteri Koronari*
 - Coronary Angiogram report *Laporan Angiogram Koronari*
4. **Cancer *Kanser***
 - Histopathology Report (if Biopsy cannot be done, to submit other diagnostic report: CT/MRI & Cancer Marker blood test reports) *Laporan Histopatologi (jika Biopsi tidak dapat dilakukan, sila lampirkan laporan diagnostik yang lain: Laporan Imbasan CT/MRI & ujian darah Penanda Kanser)*
 - Bone Marrow Aspiration / Trephine Biopsy report (Leukemia only) *Laporan Aspirasi Sumsum Tulang / Biopsi Trephine (Leukemia sahaja)*
 - CT scan/MRI report, if available *Laporan Imbasan CT / MRI, jika ada*
 - Blood and laboratory test report *Laporan ujian darah dan makmal*
5. **Kidney Failure *Kegagalan Buah Pinggang***
 - Kidney Dialysis report / Dialysis Receipts since the first day of dialysis initiated (for 3 consecutive months) *Laporan Dialisis Buah Pinggang / Resit Dialisis sejak hari pertama dialisis dimulakan (untuk 3 bulan berturut-turut)*
 - Kidney transplantation report *Laporan transplan buah pinggang*
6. **Fulminant Viral Hepatitis *Hepatitis Viral Fulminan***
 - CT Scan Report of Liver *Laporan Imbasan CT Hati*
 - Liver Function Test results *Keputusan Ujian Fungsi Hati*
 - Abdominal ultrasound *Ultrasound Abdomen*
 - Hepatitis viral serology test *Ujian serologi virus hepatitis*
 - Any other laboratory or pathology reports *Mana-mana laporan patologi atau makmal yang lain*
7. **Major Organ Transplant *Transplan Organ Utama***
 - Surgery Report *Laporan pembedahan*
8. **Paralysis / Paraplegia *Paralisis / Paraplegia***
 - X-ray/CT Scan/ MRI Reports *Laporan X-ray/Imbasan CT/MRI*
9. **Multiple Sclerosis *Sklerosis Multipel***
 - CT Scan & MRI Report of Brain & Spine *Laporan Imbasan CT & MRI Otak & Tulang Belakang*
 - Nerve conduction study / Evoked potential test *Kajian konduksi saraf / Ujian penimbulan potensi*
10. **Primary Pulmonary Arterial Hypertension *Hipertensi Arteri Pulmonari Primer***
 - All clinical and laboratory investigation results including cardiac catheterization *Semua keputusan ujian klinikal dan makmal termasuk kateter jantung*
 - Echocardiogram report *Laporan ekokardiogram*
11. **Blindness *Buta***
 - Visual Acuity Report on both eyes to be done by an ophthalmologist *Laporan Visual Akuiti pada kedua-dua belah mata, dilakukan oleh Pakar Oftalmologi*
12. **Heart Valve Replacement *Penggantian Injap Jantung***
 - Heart Valve Surgery Report *Laporan Pembedahan Injap Jantung*
 - Echocardiogram report *Laporan Ekokardiogram*
13. **Loss of Hearing / Deafness *Kehilangan Pendengaran / Pekak***
 - Pure Tone Audiometry Test results *Keputusan Ujian Pendengaran Nada Tulen*
 - Brainstem Auditory Evoked Response (BAER) report *Laporan Brainstem Auditory Evoked Response (BAER)*
14. **Surgery to Aorta *Pembedahan Aorta***
 - Aorta Surgery Report *Laporan Pembedahan Aorta*
15. **Loss of Speech *Hilang Keupayaan Bertutur***
 - Laryngoscopy report *Laporan Laringoskopi*
16. **Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorder *Penyakit Alzheimer / Kecelaruhan Otak Organik yang tidak boleh pulih***
 - CT scan/MRI Brain report *Laporan Imbasan CT/MRI Otak*
 - All relevant investigation results in support of the diagnosis *Semua keputusan ujian yang berkaitan dalam menyokong diagnosis*
17. **Major Burns *Lecuran Major***
 - Total Body Surface Area Burn Assessment Report *Laporan Penilaian Jumlah Luas Permukaan Lecuran Badan*
18. **Coma *Koma***
 - Diagnostic test reports: CT scan/MRI Brain report *Laporan ujian diagnostik: Laporan imbasan CT/MRI*
 - All relevant investigation results in support of the diagnosis *Semua keputusan ujian yang berkaitan dalam menyokong diagnosis*
19. **Terminal Disease *Penyakit Terminal***
 - All relevant investigation results in support of the diagnosis *Semua keputusan ujian yang berkaitan dalam menyokong diagnosis*
20. **Motor Neuron Disease *Penyakit Neuron Motor***
 - CT Scan/ MRI report of the Brain and Spine, Electromyography (EMG) test results, Nerve conduction study/Evoked potential test *Laporan Imbasan CT/MRI Otak dan Tulang Belakang, laporan ujian Elektromiografi (EMG), Kajian konduksi saraf / Ujian penimbulan potensi*
 - All relevant investigation results in support of the diagnosis *Semua keputusan ujian yang berkaitan dalam menyokong diagnosis*
21. **HIV Infection due to Blood Transfusion *Jangkitan HIV melalui Transfusi Darah***
 - HIV antibody test by ELISA method on the date of blood transfusion *Ujian antibodi HIV dengan kaedah ELISA pada tarikh transfusi darah*
 - HIV antibody test by ELISA method 3 - 6 months from date transfusion *Ujian antibodi HIV dengan kaedah ELISA 3 - 6 bulan dari tarikh transfusi darah*
 - Statement from statutory Health Authority to confirm that the disease was medically acquired. *Kenyataan daripada Pihak Berkuasa Kesihatan berkanun untuk mengesahkan bahawa penyakit diperolehi dari segi perubatan.*
 - Western Blot test *Ujian Western Blot*
22. **Parkinson's Disease *Penyakit Parkinson***
 - CT scan/MRI Brain report *Laporan imbasan CT/MRI Otak*
23. **End Stage Liver Disease *Penyakit Hati Tahap Akhir***
 - Liver Function Test *Ujian Fungsi Hati*
 - CT Scan of Liver *Imbasan CT Hati*
 - All laboratory, pathology, hepatitis screening, ultrasound & histology reports *Semua laporan makmal, patologi, pemeriksaan hepatitis, ultrasound & histologi*
24. **End Stage Lung Disease *Penyakit Paru-paru Tahap Akhir***
 - Pulmonary Function Test results *Keputusan ujian Fungsi Pulmonari*
 - Arterial Blood Gas test results *Keputusan ujian Gas Darah Arteri*
 - FEV 1 Test results *Keputusan ujian FEV 1*
 - Relevant investigation results *Keputusan ujian yang berkaitan*
25. **Major Head Trauma *Trauma Kepala Major***
 - CT Scan / MRI Report of Brain *Laporan Imbasan CT / MRI Otak*
 - Surgery report *Laporan pembedahan*
 - Police report, if any *Laporan polis, jika ada*

- 26. Chronic Aplastic Anemia *Anemia Aplastik Kronik***
 - Bone Marrow Aspiration Report *Laporan Aspirasi Sumsum Tulang*
 - Blood transfusion records *Rekod transfusi darah*
 - Bone Marrow transplant report *Laporan transplan Sumsum Tulang*
 - Full Blood Picture reports *Laporan Gambar Darah Penuh*
- 27. Muscular Dystrophy *Distrofi Otot***
 - Lumbar puncture *Punktur lumbar*
 - Electromyography (EMG) test results *Keputusan ujian Elektromiografi (EMG)*
 - Muscles biopsy *Biopsi otot*
 - All relevant investigation results in support of the diagnosis *Semua keputusan ujian yang berkaitan dalam menyokong diagnosis*
- 28. Benign Brain Tumor *Tumor Otak Benign***
 - CT Scan / MRI Report of Brain *Laporan Imbasan CT / MRI Otak*
 - Histopathology Report, if available *Laporan histopatologi, jika ada*
- 29. Encephalitis *Ensefalitis***
 - CT Scan / MRI Report of Brain *Laporan Imbasan CT / MRI Otak*
- 30. Poliomyelitis *Poliomeilitis***
 - Poliovirus test result, Electromyography (EMG) test result *Keputusan ujian virus polio, keputusan ujian Elektromiografi (EMG)*
 - All relevant investigation results in support of the diagnosis *Semua keputusan ujian yang berkaitan dalam menyokong diagnosis*
- 31. Brain Surgery *Pembedahan Otak***
 - Brain Surgery Report *Laporan Pembedahan Otak*
- 32. Bacterial Meningitis *Meningitis Bakteria***
 - CT Scan / MRI Report of Brain & Spine *Laporan Imbasan CT / MRI Otak & Tulang Belakang*
 - Lumbar puncture test report *Laporan ujian punktur lumbar*
- 33. Other Serious Coronary Artery Disease *Penyakit Arteri Koronari Serius Lain***
 - Coronary Angiogram Report *Laporan Koronari Angiogram*
- 34. Apallic Syndrome *Sindrom Apallic***
 - CT Scan / MRI Report of Brain *Laporan Imbasan CT / MRI Otak*
- 35. Occupationally Acquired Human Immunodeficiency Virus (HIV) *Virus Kurang Daya Tahan Manusia (HIV) dijangkiti melalui Pekerjaan***
 - HIV Confirmatory blood test, HIV Blood test report within 7 days and 6 months of accident *Laporan ujian darah HIV, ujian darah Pengesahan HIV dalam masa 7 hari dan 6 bulan daripada kemalangan*
 - Confirmatory statement from statutory Health Authority to confirm that the disease was occupationally acquired *Kenyataan pengesahan daripada Pihak Berkuasa Kesihatan berkanun untuk mengesahkan bahawa penyakit diperoleh semasa menjalankan tugas*
 - Western Blot test *Ujian Western Blot*
- 36. Full Blown AIDS *AIDS Dengan Gejala Penuh***
 - HIV antibody test by ELISA method, Western Blot Test, CD4 Cell Count *Ujian antibodi HIV menggunakan kaedah ELISA, ujian Western Blot, Kiraan Sel CD4*
 - All serial Full Blood Picture blood test results *Semua keputusan ujian darah Gambar Darah Penuh bersiri*
 - CT Scan/ MRI of Brain for Progressive Multifocal Leukoencephalopathy *Imbasan CT/MRI Otak untuk Leukoensefalopati Multifokal Progresif*
 - Sputum C & S report, if available *Laporan K & S kahak, jika ada*
 - Sputum AFB report (if Tuberculosis) *Laporan AFB Kahak (jika Tuberkulosis)*
 - Chest X-ray report (if Tuberculosis/Pneumonia) *Laporan X-ray dada (jika Tuberkulosis/Radang paru-paru)*
 - Histopathology examination (HPE)/ Biopsy report for Kaposi sarcoma or Malignant lymphoma *Laporan pemeriksaan histopatologi (HPE)/biopsi untuk Sarkoma Kaposi atau Limfoma Malignan*
- 37. Angioplasty and Other Invasive Treatments for Coronary Artery Disease *Angioplasti dan Rawatan Invasif Lain untuk Penyakit Arteri Koronari***
 - Coronary Angiogram Report *Laporan Angiogram Koronari*
 - Percutaneous Coronary Intervention (PCI) or Laser Treatment Report *Laporan Intervensi Perkutaneus Koronari (PCI) atau Rawatan Laser*
- 38. Systemic Lupus Erythematosus (SLE) with Lupus Nephritis *Lupus Erythematosus Sistemik (SLE) dengan Lupus Nefritis***
 - Lupus Erythematosus (LE) cell blood test result, Anti-DNA Antibodies blood test results, Urine FEME results over past 6 months *Laporan ujian sel darah Lupus Erythematosus (LE), laporan ujian darah Antibodi Anti-DNA yang dilakukan sepanjang tempoh 6 bulan yang lalu*
 - Renal function tests with eGFR results over past 6 months, Renal biopsy report *Ujian fungsi buah pinggang dengan keputusan eGFR yang dilakukan sepanjang tempoh 6 bulan yang lalu, laporan biopsi buah pinggang*
- 39. Chronic Relapsing Pancreatitis *Keradangan Pankreas Berulang dan Kronik***
 - CT Abdomen report, Endoscopic Retrograde Cholangiopancreatography (ERCP) test result, Blood test *Laporan imbasan CT Abdomen, keputusan ujian Kolangiopankreatografi Retrograd Endoskopik (ERCP), ujian darah*
 - Serum Pancreatic Enzyme test *Ujian Enzim Serum Pankreatik*
- 40. Creutzfeldt-Jakob Disease (Mad Cow Disease) *Penyakit Creutzfeldt-Jakob (Penyakit Lembu Gila)***
 - Diagnostic test reports: CT & /MRI Brain report, Electroencephalography (EEG) report, Cerebrospinal Fluid (CSF) test report *Laporan-laporan ujian diagnostik: laporan imbasan CT & /MRI Otak, laporan Elektroensefalografi (EEG), laporan ujian Cecair Serebrospina (CSF)*
- 41. Elephantiasis *Elefantiasis***
 - Blood test for Microfilariae *Ujian darah untuk Mikrofilaria*
- 42. Progressive Scleroderma *Skeloderma Progresif***
 - Diagnostic test reports: Blood test ANA, Blood test Kidney Function test, Skin biopsy *Laporan-laporan ujian diagnostik: Ujian darah ANA, ujian darah Fungsi Buah Pinggang, biopsi kulit*
 - CT Lungs/Kidneys/Echocardiogram *Imbasan CT Paru-paru/Buah Pinggang/Ekokardiogram*
- 43. Severe Cardiomyopathy *Kardiomiopati Teruk***
 - Echocardiographic report *Laporan Ekokardiografik*
 - Cardiac Catheterization report *Laporan Kateter Jantung*
- 44. Loss of Independent Existence *Kehilangan Upaya Hidup Sendiri***
 - Diagnostic test reports: CT scan/MRI report, Ultrasound report, Surgery report, Blood test report *Laporan-laporan ujian diagnostik: laporan Imbasan CT/MRI, laporan Ultrasound, laporan pembedahan, laporan ujian darah*
- 45. Medullary Cystic Disease *Penyakit Sistik Medular***
 - Kidney Biopsy report, Renal Function test with eGFR result over past 6 months *Laporan biopsi buah pinggang, ujian fungsi buah pinggang dengan keputusan eGFR yang dilakukan sepanjang tempoh 6 bulan yang lalu*
 - Full Blood Count, Urinalysis report, Ultrasound or CT scan report of Kidney *Laporan Kiraan Darah Penuh, Urinalisis, laporan Ultrasound atau Imbasan CT Buah Pinggang*
 - Kidney Dialysis report/Dialysis receipts *Laporan Dialisi Buah Pinggang/Resit Dialisis*