SERIAL NO:

PROGRESSIVE INSURANCE BHD

Registration no.: 197401001891 (19002-P)
6th, 9th & 10th Floor, Menara Cosway, Plaza Berjaya, No. 12, Jalan Imbi, 55100 Kuala Lumpur.
P.O. Box 10028, 50700 Kuala Lumpur.
Tel: 03-21188000 Fax: 03-21188100(Claims)
Website: www.progressiveinsurance.com.my

BRANCH NETWORK / *RANGKAIAN CAWANGAN*

BUTTERWORTH	**Ground & 1st Floor 2755, Jln Chain Ferry, Taman Inderawasih13600 Prai, Sebrang Prai Tengah, Penang**	Tel: +60 4397 7128	Fax No: +604 397 7126
JOHOR BAHRU	**17-01, Jalan Kebun Teh 1 Pusat Perdagangan Kebun Teh 80250 Johor Bahru, Johor**	Tel: +60 7227 0991	Fax No: +607 227 0996
MELAKA	**13A, Jalan Melaka Raya 24 Taman Melaka Raya 75000 Melaka**	Tel: +60 6288 3831	Fax No: +606 288 3832
KOTA KINABALU	**Ground & 7th Floor Wisma Perkasa, Jalan Gaya 88845 Kota Kinabalu, Sabah**	Tel: +60 8824 4216	Fax No: +6088 218004
KUCHING	**Sublot 11, Lots 9966,1st Floor, Premier 101 Jalan Tun Jugah 93350 Kuching, Sarawak**	Tel: +60 8257 2019	Fax No: +6082 572013
SANDAKAN	**1st Floor, Lot 1, Block 3 Bandar Indah, Mile 4, North Road 90000 Sandakan, Sabah**	Tel: +60 8923 8810	Fax No: +6089 237709
ALOR SETAR	**No 223, Tingkat 2, Jalan Gangsa, Taman Perindustrian Ringan Kristal, 05150 Alor Setar, Kedah**	Tel: +604 733 9846 / 9691	Fax No: +604 730 5504

HOSPITAL & SURGICAL CLAIM FORM

Are you a staff member or the spouse of a staff member of Progressive Insurance Bhd ?

☐ Yes ☐ No If answer is 'Yes' please state:-

Staff Department :_____
Staff Spouse - Staff Name :_____

SECTION 1 : TO BE COMPLETED BY CLAIMANT
SEKSYEN 1 : UNTUK DIISI OLEH PIHAK DIINSURANSKAN / PIHAK PENUNTUT

1) Name of employee / member : *Name pekerja / ahli*	Occupation: *Pekerjaan*	Age: *Umur*	Sex: *Jantina*
2) Name of patient (if other than employee / insured): *Nama pesakit (selain daripada kakitangan / pihak yang diinsuranskan)*	Occupation: *Pekerjaan*	Age: *Umur*	Sex: *Jantina*
3) Present address: *Alamat sekarang*	4) Relationship of patient to employee / insured: *Perhubungan pesakit dengan kakitangan / pihak yang diinsuranskan)*		

5) Is the treatment / hospital confinement recommended and approved by a legally qualified physician or surgeon?
Adakah rawatan / kemasukan ke hospital ini diperakukan dan diluluskan oleh doktor atau pakar bedah yang berkelayakan?

☐ Yes *Ya* ☐ No *Tidak* If answer is 'Yes' please state:- *Jika sekiranya 'Ya' sila nyatakan:-*

a) Name of Physician / Surgeon:
Nama doktor / pakar bedah

b) Address of Physician / Surgeon:
Alamat doktor / pakar bedah

6) Sickness / *Penyakit :* *a)* Date first began / *Tarikh bermula penyakit*	b) Describe nature of sickness: *Huraikan Jenis penyakit*
7) Injury / *Kecederaan :* *a)* Date occurred / *Tarikh berlakunya kecederaan:*	b) Describe how and when accident happened: *Huraikan bagaimana dan bilakah kemalangan berlaku*
8) Treatment / *Rawatan:* *a)* Date first treated / *Tarikh rawatan pertama:*	b) Doctor's name and address: *Nama dan alamat doktor*

I hereby authorise any hospital, physician, or other person who has attended me or examined me, to disclose when requested to do so by **PROGRESSIVE INSURANCE BHD ,** any and all information with respect to any illness, or injury, medical history, consultations, prescriptions or treatment, and copies of all hospital or medical records. A photostatted copy of this authorisation shall be considered as effective and valid as the original.

*Saya dengan ini memberikan kebenaran kepada doktor perubatan, pengamal, perubatan, hospital atau klinik yang merawat atau memeriksa saya untuk memberi maklumat lengkap berhubung dengan riwayat kesihatan saya termasuk latarbelakang penuh perubatan saya dan salinan - salinan rekod perubatan saya jika sekiranya dikehendaki oleh **PROGRESSIVE INSURANCE BHD.** Salinan fotostat surat kebenaran ini hendaklah dianggap sah dan sama tarafnya dengan salinan asal.*

Signature of employee / member *Tandatangan pekerja / ahli*	Signature of patient *Tandatangan pesakit*	Date *Tarikh*

SECTION II : TO BE COMPLETED BY EMPLOYER/POLICYHOLDER
SEKSYEN II: UNTUK DIISI OLEH PIHAK MAJIKAN PEMEGANG POLISI

1) Name of employer/policyholder
Nama majikan / pemegang polisi

Policy no
Nombor polisi

2) Name of employee / insured
Nama pekerja / pihak yang diinsuranskan

3) a) Date of employment
Tarikh mula bekerja

b) Effective date of employee / Insured's insurance
Tarikh mula berkuatkuasa insurans pekerja / pihak yang diinsuranskan

4) If Patient is a dependent, state the effective date of his/her insurance
Jika pesakit adalah tanggungan pekerja, nyatakan tarikh mula berkuatkuasa insurans pesakit

Any previous claim in respect of this employee / insured / dependent under this policy?
Adakah sebarang tuntutan berkenaan dengan pesakit / pihak yang diinsuranskan / tanggungan dibawah polisi ini?
If yes, please give details / *Jika ya, Sila beri maklumat*

☐ Yes *Ya* ☐ No *Tidak*

5) a) Eligible for benefit under
Layak untuk manfaat dibawah plan

Plan_____
Plan

b) Insured as
Diinsuranskan sebagai

☐ Employee only *Pekerja sahaja*
☐ Employee and dependents *Pekerja dan tanggungannya*

Stamp and signature of employer
Tandatangan dan cop majikan

Date
Tarikh

SECTION III : To be completed by the Attending Doctor (IN BLOCK LETTERS)

MRN No.:

MEDICAL REPORT

Name of Hospital and Address

Name of Patient

NRIC No.

Date and Time of Admission
(dd) (mm) (yy) (hrs)

Date and Time of Discharge
(dd) (mm) (yy) (hrs)

Name of Referring Doctor and Address

Admitting Doctor

Attending Doctor(s)

Specialty

1a. Diagnosis/ICD Coding

1b. Cause and Pathology (if applicable) of the above diagnosis

2a. When did patient first consult you for this condition?
(dd) (mm) (yy)

2b. Was the patient previously treated for this condition?
( ) No ( ) Yes, give details and when:
(dd) (mm) (yy)

2c. In your professional opinion, how long has the condition existed?
(dd) (mm) (yy)

4a. Please (✓) Nature of Treatment and Investigation:

☐ OPERATION ☐ PHYSIOTHERAPPY
☐ DIETARY COUNSELLING ☐ MEDICATIONS
☐ X-RAY ☐ BLOOD TESTS
☐ OTHERS, give details _____

4b. If more than one procedure was involved, please state Type of Procedures performed:

TYPE	DATE	NAME OF DOCTOR
i		
ii		
iii		

4c. Other medical conditions present?

Since (dd/mm/yy) _____

Since (dd/mm/yy) _____

Since (dd/mm/yy) _____

3. Any possibility of a relapse?
☐ Yes ☐ No

5. Was the condition
☐ Congential ☐ Nervous ☐ Mental

6. Was the patient pregnant at the time of hospitalisation'? (For Females Only)

☐ No ☐ Yes_____months

7. If the hospitalisation was due to an accident, please indicate date/time of accident

(dd) ☐ (mm) ☐ (yy) ☐ (hrs) ☐

8. Discharge/Follow-up instruction

Signature and Name of Attending Doctor	Hospital Stamp	Date

E-PAYMENT / *PEMBAYARAN ELEKTRONIK*

1) Progressive Insurance Bhd will not be liable for any financial loss due to incomplete or inaccurate information as provided below.
Progressive Insurance Bhd tidak akan bertanggungjawab ke atas sebarang kerugian kewangan akibat daripada maklumat yang tidak lengkap atau tepat sebagaimana di peruntukan di bawah.

2) For verification purpose, I am/we are pleased to provide my/our banking details together with a photocopy of the relevant page of the bank statement.
Untuk tujuan pengesahan, saya/kami melampirkan butiran perbankan saya bersama salinan penyata bank yang berkaitan.

Name of bank / Full address: *Nama bank / Alamat Penuh*						
Name of Account / Beneficiary: *Nama Akaun / Penerima*						
Bank Account No.: *No. Akaun Bank*						
IC No. / Company No.: *No. Kad Pengenalan/Syarikat*	New: *Baru*		Old : *Lama*		Co. No.: *No.Syarikat*	
Telephone No: *No. Telefon*	Office/Home: *Pejabat/Rumah*		Mobile No: *Telefon Bimbit*			
Email Address (compulsory) : *Alamat Email (wajib)*						

I/We hereby agree to the above terms and conditions and declare that the information provided are true and correct.
Saya/Kami bersetuju dengan syarat-syarat yang tertera diatas dan mengesahkan segala maklumat di atas adalah benar dan betul.

Name:
Nama: _____

Position:
Jawatan: _____

Authorised Signatory and Company stamp
Tandatangan / Cop Syarikat

Date:
Tarikh: _____

GOODS & SERVICE TAX (GST) QUESTIONNAIRE / *SOALAN BERKAITAN CUKAI BARANG & PERKHIDMATAN*

IMPORTANT: Please answer the following questions regarding your / your company's GST registration status in order for us to comply with the requirements of the Goods & Services Tax Act 2014. .
PENTING: *Sila jawab soalan-soalan berikut tentang anda/status pendaftaran Cukai Barang & Perkhidmatan syarikat anda untuk membolehkan kami memenuhi keperluan Akta Cukai Barang & Perkhidmatan 2014.*

INSURED'S DETAILS / *BUTIR PEMEGANG POLIS*/

Policyholder Name/Company Name: *Nama Pemegang polisi/Syarikat*	**FOR OFFICE USE:** / ***UNTUK KEGUNAAN PEJABAT:*** Policy No: *No. Polisi*
Address(1): *Alamat (1)*	Period of Insurance: *Tempoh Insurans*
Address(2): *Alamat (2)*	Old IC/Business Registration No: *No Kad Pengenalan Lama/No. Pendaftaran Perniagaan*

Postcode: *Poskod*	Town/City: *Bandar*	State: *Negeri*
Contact Details / *Butiran Untuk Dihubungi :* Office Phone / *No. Telefon Pejabat*:	No: Facsimile : *No. Faks*	Email address: *Alamat emel*

GOODS & SERVICE TAX REGISTRATION DETAILS / *BUTIRAN PENDAFTARAN GST*

1. Are you/is your company GST registered?
Adakah anda/syarikat anda berdaftar untuk GST?

☐ Yes,please give details / *Jika ya, sila beri butirannya*

☐ No / *Tidak*

GST Registration No: *No. Pendaftaran GST*			
Company Registration No: *No. Pendaftaran Syarikat*			
GST registration effective date: *Tarikh berkuatkuasa pendaftaran GST*			
GST applicable: *GST yang diguna*	☐ Standard rated *Kadar Tetap*	☐ Zero rated *Kadar kosong*	☐ Exempted *Dikecualikan*

* Please enclose a copy of your GST registration approval from Royal Malaysian Custom Department (RMCD)
* *Sila lampirkan salinan pendaftaran kelulusan GST yang disahkan oleh Jabatan Kastam Diraja Malaysia*

2. If you have answered "Yes" to question 1, please answer the questions below:
Jika anda telah menjawab "Ya" untuk soalan 1, sila jawab soalan- soalan berikut:

i) Are you entitled to claim GST incurred on this policy as Input Tax Credit (ITC)?
Adakah anda berhak untuk membuat tuntutan GST dibawah polisi ini sebagai ITC?
☐ Yes / *Ya* ☐ No / *Tidak*

ii) Are you a GST registered sole proprietorship?
Adakah anda berdaftar sebagai perniagaan tunggal GST?
☐ Yes / *Ya* ☐ No / *Tidak*

iii) If you are a GST registered sole proprietorship, are you purchasing this policy for business purpose?
Jika anda berdaftar sebagai perniagaan tunggal GST adakah anda membeli polisi ini untuk kegunaan perniagaan?
☐ Yes / *Ya* ☐ No / *Tidak*

3) Please let us know if you are entitled to claim GST incurred on your Medical Insurance policy?
Sila beritahu adakah anda berhak membuat tuntutan GST dibawah polisi Insuran Perubatan?
☐ Yes / *Ya* ☐ No / *Tidak*

4) Is the insurance purchased in compliance with any of the following Act(s)? / Collective Agreement
Adakah anda membeli insurans ini untuk mematuhi mana-mana Akta / Perjanjian Kolektif yang berikut?

☐ Collective Agreement under Industrial Relation Act 1967 / *Perjanjian Kolektif di bawah Akta Perhubungan Perusahaan 1967*
☐ Employees' Social Security Act 1969 / *Akta Keselamatan Sosial Pekerja 1969*
☐ Workmen's Compensation Act 1952 / *Akta Pampasan Pekerja 1952*
☐ No, Purchase of the insurance is not due to any of the above Act(s) / Collective Agreement
Tidak, Pembelian insurans ini tidak disebabkan oleh mana-mana Akta / Perjanjian Kolektif di atas.

CONFIRMATION / *PENGESAHAN*

I/We hereby confirm that the information provided above is true and correct.
Saya/ Kami mengesahkan bahawa maklumat diatas adalah benar dan betul.

Signatue of employer (Co):
Tandatangan Majikan

Name:
Nama _____

Company Stamp:
Cop Syarikat _____

Designation:
Jawatan _____

Date:
Tarikh _____

Notice / *Notis*

For all intents and purposes where there is a conflict or ambiguity as to the meaning in the Bahasa Malaysia provisions, it is hereby agreed that the English version shall prevail.
Bagi setiap tujuan dan maksud sekiranya terdapat konflik atau kemusykilan berkenaan makna di dalam peruntukan Bahasa Malaysia, adalah dipersetujui bahawa versi Bahasa Inggeris akan digunakan.

DISCLOSURE & POLICY STATEMENT
KETERANGAN & KENYATAAN POLISI

1. Under the prudential framework of Corporate Governance, the following avenues have been set up to handle customer grievances: -

   a) The Customer Care Officer of Progressive Insurance Bhd (197401001891 / 19002-P) ("Company") at tel: 1-800-888-458 or fax: + 603 2118 8103. At branch level, complaints can be received by the respective Branch Managers who will direct it to the Customer Care Officer.

   b) Financial Markets Ombudsman Service (FMOS) at tel: 03-2272 2811
   Any policyholder who is not satisfied with the decision of an insurance company may write to the FMOS, giving details of the dispute, the name of the insurance company and the policy number. Copies of the correspondence between the policyholder and the insurance company must be submitted to facilitate FMOS's reference.

   An award of the FMOS is binding on the Company. The policyholder can choose to accept or not. Acceptance is acknowledged only if it is in writing within 14 days of the decision. The Company shall settle the award within 30 days of policyholder's acceptance. But if the policyholder is not satisfied, he can reject the FMOS's decision and pursue an alternative legal recourse instead. There is no fee charged for service of the FMOS.

   The address is: - Financial Markets Ombudsman Service (FMOS)
   Level 14, Main Block
   Menara Takaful Malaysia
   No. 4 Jalan Sultan Sulaiman
   50000 Kuala Lumpur

   c) BNMLINK (Laman Informasi Nasihat dan Khidmat) of Bank Negara Malaysia (BNM) at tel: 1-300-88-5465 or webpage: https://bnm.gov.my/BNMLINK. Any policyholder who is not satisfied with the conduct of an insurance company may write to the Corporate Communication Department of BNM, giving details of the complaint, the name of the insurance company and the policy number or the claim number. Documentary support should be provided to facilitate reference.

   The address is: - BNMLINK
   4th Floor, Podium Bangunan AICB
   No. 10, Jalan Dato' Onn
   50480 Kuala Lumpur

2. By virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001, any 'Suspicious Transaction' as classified by the law is required to be reported to the Competent Authority at Bank Negara Malaysia.
3. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of the contract, it is hereby agreed that the English version of the contract prevails.
4. CONSENT TO USE OF PERSONAL DATA : Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys and to communicate with me/us for such purposes. I/We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Data Protection Officer, Progressive Insurance Bhd, Level 6,9 and 10, Menara Cosway, Plaza Berjaya 12, Jalan Imbi, 55100 Kuala Lumpur or phone: 03-21188128 or 1-800-888-458 or fax: +603 21188098 or email dpo@progressiveinsurance.com.my.
   By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by writing to the Company as above. For Privacy Notice, please refer to our website: www.progressiveinsurance.com.my

1. Di bawah rangka kewaspadaan Kawalan Korporat, cara-cara berikut telah disediakan kepada sesiapa yang ingin membuat aduan:-

   a) Pegawai Khidmat Pelanggan Progressive Insurance Bhd (197401001891 / 19002-P) ("Syarikat") di tel: 1-800-888-458 atau faks: +603 2118 8103.
   Bagi bahagian cawangan, segala aduan boleh ditujukan kepada Pengurus Cawangan yang akan memanjangkan kepada Pegawai Khidmat Pelanggan.

   b) Perkhidmatan Ombudsman Pasaran Kewangan (FMOS) di tel: 03-2272 2811
   Pemegang polisi yang tidak berpuas hati dengan keputusan sesebuah syarikat insurans boleh menulis surat aduan kepada FMOS dengan butir-butir pertikaian, nama syarikat insurans dan nombor polisi. Salinan surat antara pemegang polisi dan pihak syarikat insurans perlu diserahkan kepada BPK untuk rujukan. Pihak Syarikat adalah terikat kepada keputusan FMOS. Pemegang polisi boleh memilih sama ada bersetuju atau tidak. Persetujuan hanya diterima secara bertulis dalam tempoh 14 hari. Pihak Syarikat akan menyelesaikan tuntutan dalam tempoh 30 hari dari persetujuan pemegang polisi. Sekiranya pemegang polisi tidak berpuas hati dengan keputusan FMOS, beliau boleh memilih untuk mengambil tindakan alternatif undang-undang. Tidak ada yuran bayaran yang dicaj untuk perkhidmatan FMOS.

   Alamat ialah:- **Financial Markets Ombudsman Service (FMOS)**
   Level 14, Main Block
   Menara Takaful Malaysia
   No. 4 Jalan Sultan Sulaiman
   50000 Kuala Lumpur

   c) Laman Informasi Nasihat dan Khidmat (BNMLINK) Bank Negara Malaysia (BNM) di talian: 1-300-88-5465 atau laman web: https://bnm.gov.my/BNMLINK.
   Pemunya polisi yang tidak puas hati dengan bimbingan pihak syarikat insurans boleh membuat aduan kepada Jabatan Komunikasi Korporat di BNM dengan butir-butir pertikaian, nama pihak syarikat insurans dan nombor polisi atau nombor tuntutan. Sokongan dokumen perlu diserahkan untuk rujukan.

   Alamat ialah:- **BNMLINK**
   4th Floor, Podium Bangunan AICB
   No. 10, Jalan Dato' Onn
   50480 Kuala Lumpur

2. Bersandarkan Akta Pencegahan Pengubahan Wang Haram & Pencegahan Pembiayaan Keganasan 2001, sebarang 'Transaksi yang Mencurigakan' seperti yang termaktub di bawah undang-undang hendaklah dilaporkan kepada pihak berkuasa yang berkenaan di Bank Negara Malaysia.
3. Boleh dikatakan di mana terdapat konflik atau kekaburan berkenaan makna dalam peruntukan Bahasa Inggeris atau peruntukan Bahasa Malaysia tentang mana-mana bahagian kontrak, adalah dipersetujui bahawa versi kontrak Bahasa Inggeris akan mengatasi dan diikuti.
4. **KEBENARAN UNTUK MENGGUNAKAN MAKLUMAT PERIBADI :** Mana-mana maklumat peribadi yang dikumpulkan atau dipegang oleh pihak Syarikat (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) yang diberikan kepada pihak Syarikat dan boleh dipegang, digunakan dan didedahkan oleh pihak Syarikat kepada individu, badan atau organisasi yang menyediakan perkhidmatan, organisasi yang berkaitan dengan Syarikat atau mana-mana pihak ketiga yang dipilih (dalam atau luar Malaysia, termasuk syarikat-syarikat reinsurans dan penyiasatan tuntutan dan persatuan/perbadanan industri) bagi tujuan menyimpan dan memproses permohonan ini dan memberikan perkhidmatan seterusnya untuk produk dan perkhidmatan kewangan Syarikat dan pemadanan data, soal selidik dan untuk berkomunikasi dengan saya/kami untuk tujuan seperti itu. Saya/Kami faham bahawa saya/kami berhak memperoleh akses kepada, dan membuat pembetulan kepada apa-apa maklumat peribadi yang dipegang oleh pihak Syarikat berkaitan dengan saya/kami. Permohonan seperti itu boleh dibuat secara menulis kepada pihak Syarikat di Pegawai Perlindungan Data, Progressive Insurance Bhd, Level 6,9 dan 10, Menara Cosway, Plaza Berjaya, 12, Jalan Imbi, 55100 Kuala Lumpur atau menelefon: 03-21188128 atau1-800-888-458 atau faks: +603 2118 8098 atau e-mel : dpo@progressiveinsurance.com.my.
   Dengan menyerahkan maklumat peribadi anda, anda menunjukkan persetujuan anda untuk membenarkan pihak Syarikat berkomunikasi dengan anda berkenaan produk terbaru, perkhidmatan dan acara-acara baru pihak Syarikat. Jika anda tidak mahu dihubungi oleh pihak Syarikat, anda boleh pilih keluar bila-bila masa dengan menulis kepada pihak Syarikat seperti di atas. Untuk Notis Privasi, sila rujuk laman web kami: www.progressiveinsurance.com.my