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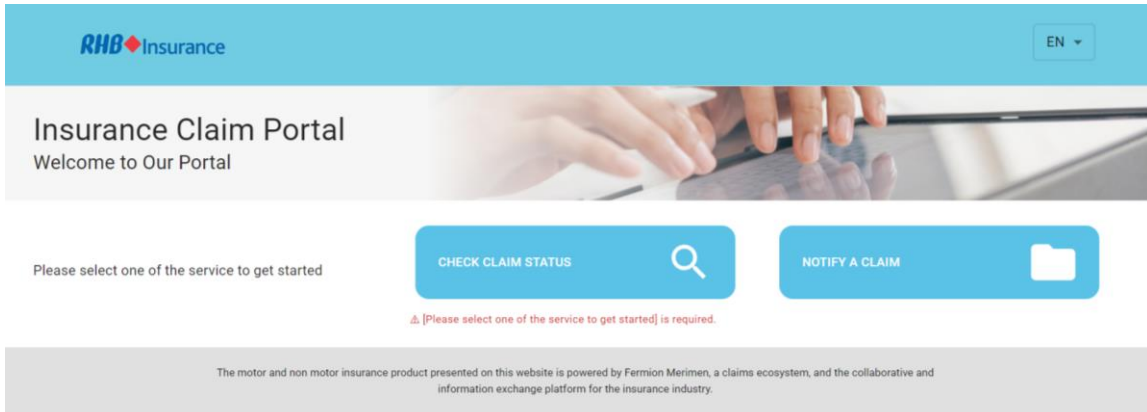
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For optimal screen accessibility, please use **MS Edge or Chrome** browsers.

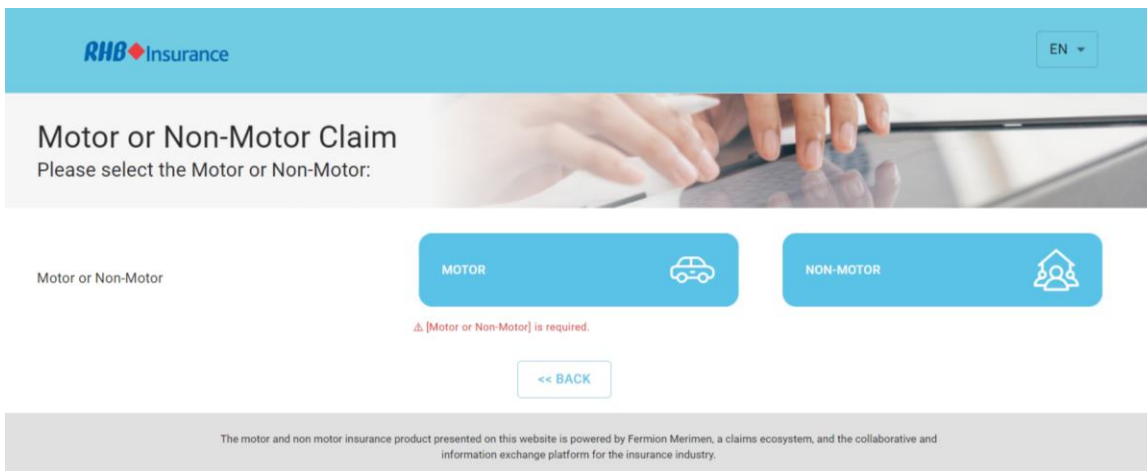
### Claims Portal - User Guide

You will encounter two options:

- (1) **Check Claim Status** - enables you to track the status and progress of your claims registered with us.
- (2) **Notify A Claim** - enables you to submit a claim along with the necessary supporting documents.



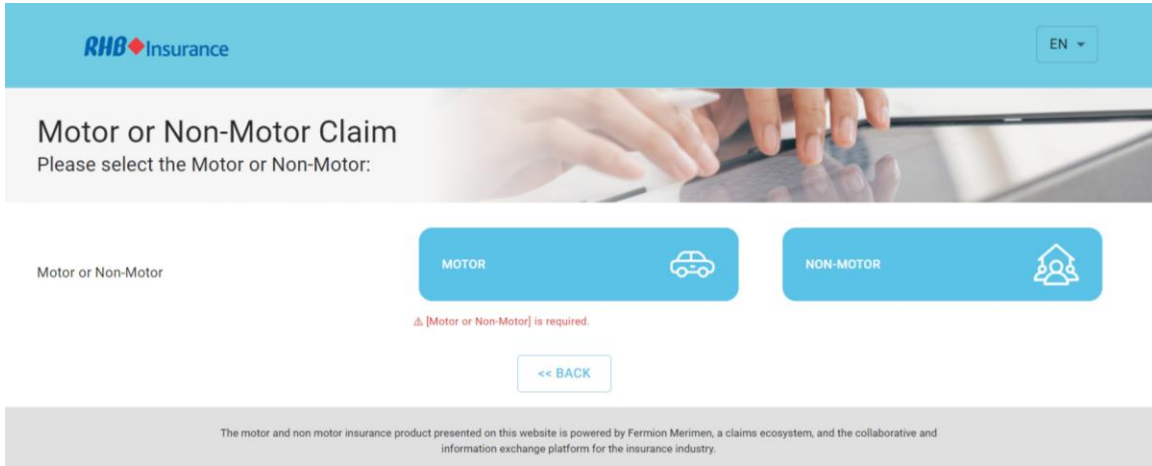
Choose '**Notify A Claim**,' and you will be redirected to the Claim Type screen. Select the claim type you wish to submit: **MOTOR** or **NON-MOTOR**.



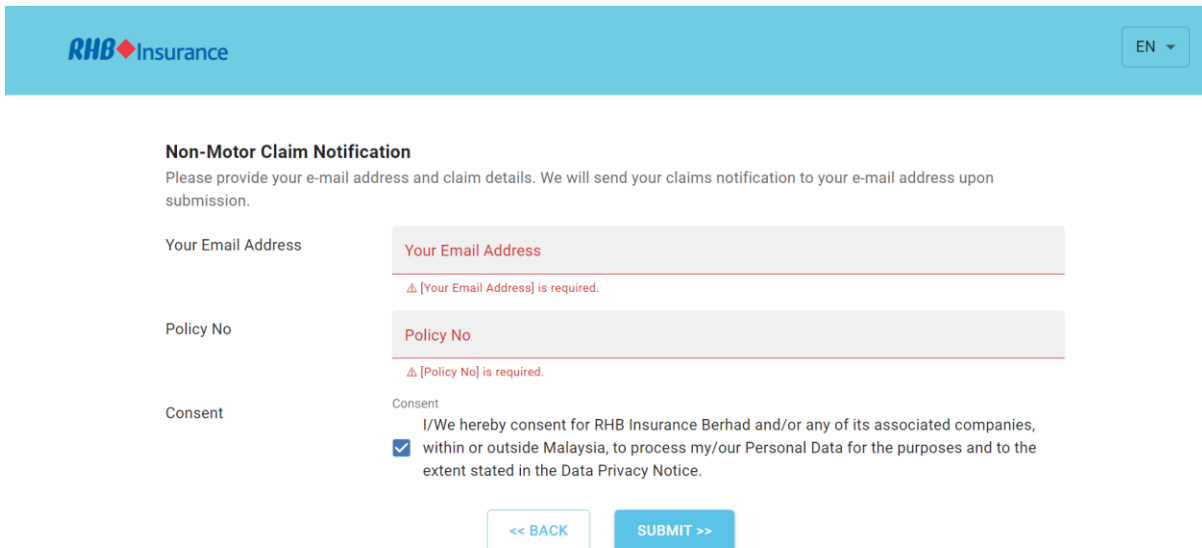
Non-Motor Claim Notification

Mandatory fields are highlighted in red.

Select **NON-MOTOR** for a non-vehicle accident claim.



Upon selection, you will be redirected to the Notification screen. Please provide your email address used for correspondence and the **'Policy No'** covered for the claim.



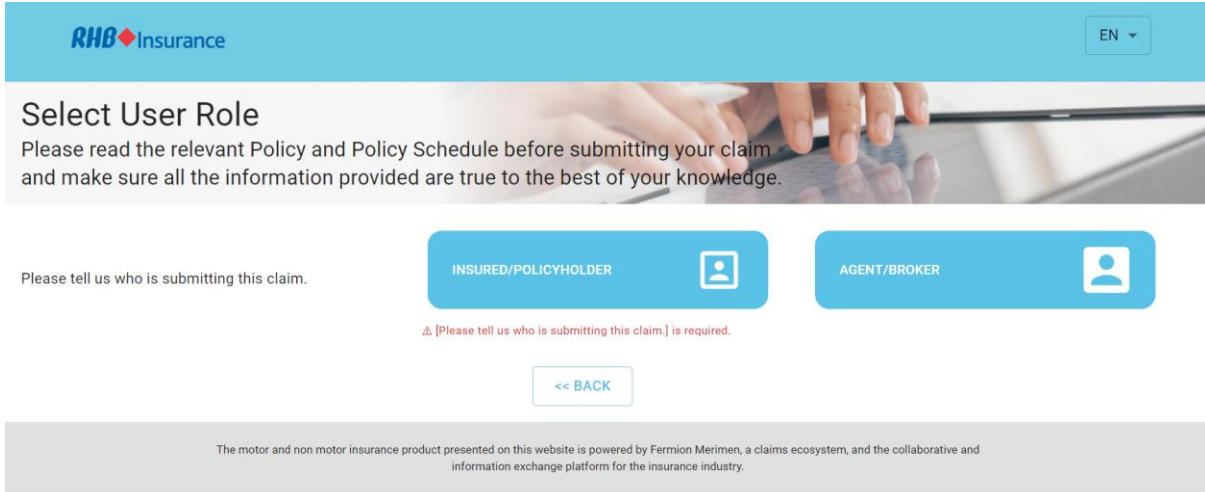
No	Field Name	Remarks
1	Your Email Address	Kindly update the contact information for the person submitting the claim for correspondence.
2	Policy No	Update the Insured's policy number if you are the policyholder/agent/broker submitting a claim.
3	Consent	Please click on the Consent box if you agree after reading the consent.

Click **'Submit'** to proceed to the next step.

Select User Role

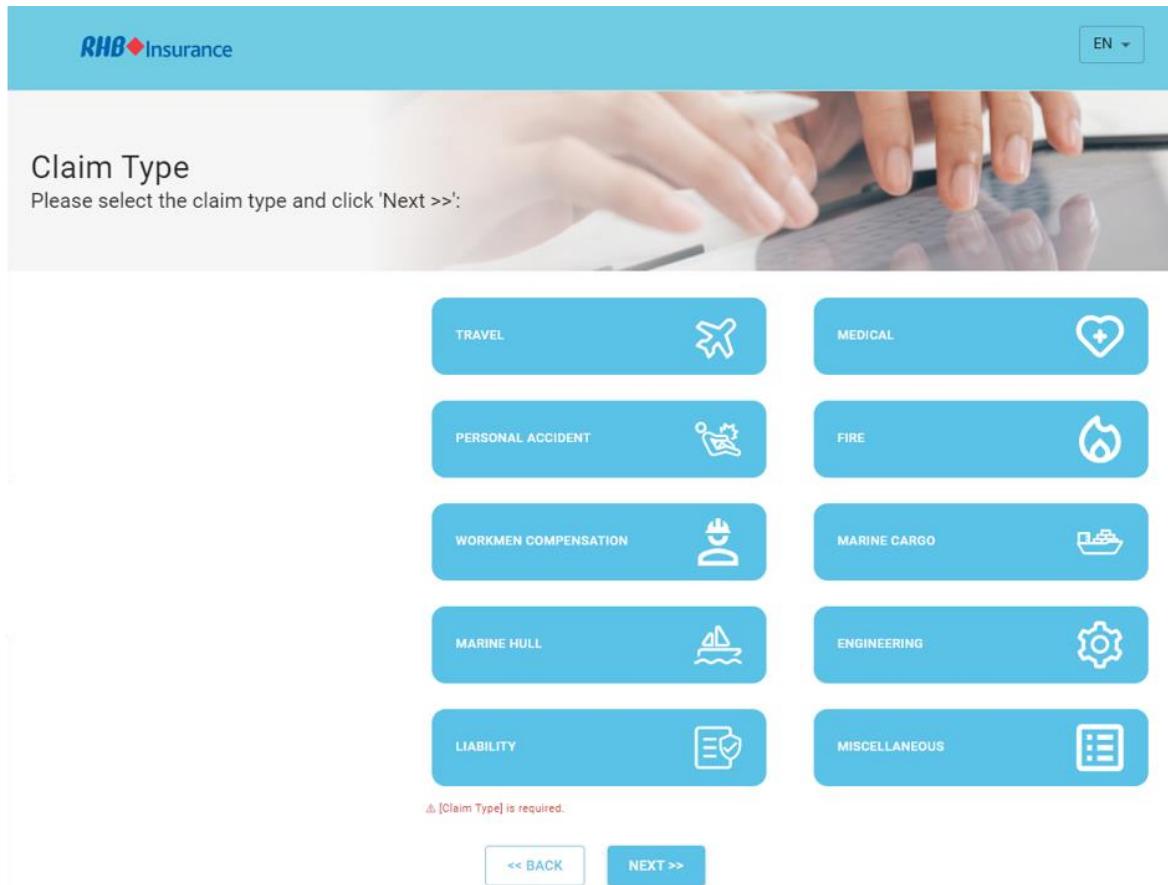
Upon completion of the details, you will be redirected to the Intimation Role screen. Please select your role when submitting the claim. This field is mandatory, and you are required to select one of the following:

- (1) Select **INSURED/POLICYHOLDER** if you are the policyholder and submitting the claim.
- (2) Select **AGENT/BROKER** if you are the intermediary representing your client and submitting the claim.



Select Claim Category

Upon completion, you will be redirected to the Claim Category screen. You are required to select one claim category listed here and click 'Next' to proceed.



Note: The claim category brief description will be displayed on the left side for reference once selected.

Upon clicking 'Next,' you will be redirected to the Claims Details screen. There are four main milestones plus additional steps to complete, depending on the role you selected. For example, if the role is AGENT/BROKER, you will be required to enter the agent/broker details as below:

Additional step if role selected as Agent/Broker

Mandatory fields are highlighted in red.

No	Field Name	Remarks
1	Agent Type	Select either 'Agent' or 'Broker' from the provided box.
2	Agent/Broker Name	Please update the registered agent/broker name.
3	Agent/Broker Code	Please update the agent/broker code assigned by the insurer.
4	Agent/Broker Mobile Number	Please update the agent's/broker's mobile phone number for correspondence.
5	Agent/Broker Email Address	The email address will automatically default from the notification page if you have selected Agent/Broker submitting the claim.

After completion, select 'Next' to proceed.

Milestone 1 - Policyholder Details

Mandatory fields are highlighted in red.

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Policyholder Details
Incident Details
Upload Documents
Summary

**Policyholder/Insured Details**

Insured Type  
 Individual  
 Company

Policyholder/Insured Name  
Policyholder/Insured Name  
⚠ [Policyholder/Insured Name] is required.

Policyholder/Insured ID No  
 Co. Reg. No  
 NRIC  
 Passport No  
Policyholder/Insured ID No  
⚠ [Policyholder/Insured ID No] is required.

Policyholder/Insured Mobile Number  
Policyholder/Insured Mobile Number  
⚠ [Policyholder/Insured Mobile Number] is required.

Policyholder/Insured Email Address  
Policyholder/Insured Email Address  
abc@gmail.com

Are you submitting on behalf of another claimant?  
 Yes  
 No

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No	Field Name	Remarks
1	Insured Type	Select either 'Individual' or 'Company' from the provided box.
2	Policyholder/Insured Name	Please update the policyholder's name insured with the insurer.
3	Policyholder/Insured ID No	Please update the policyholder's identity card type and number.
4	Policyholder/Insured Mobile Number	Please update the policyholder's mobile phone number for correspondence
5	Policyholder/Insured Email Address	The email address will automatically default from the notification page.
6	Are you submitting on behalf of another claimant	If you select 'Yes,' you will be required to enter the claimant details in section fields from 6a to 6e. Select 'No' to skip the claimant details section.
6a	Claimant Type	Select either 'Individual' or 'Company' from the provided box.
6b	Claimant Name	Please update the claimant's name
6c	Claimant ID No	Please update the claimant's identity card type and number.
6d	Claimant Mobile Number	Please update the claimant's mobile phone number for correspondence
6e	Claimant Email Address	Please update the claimant's email address

After completion, select 'Next' to proceed.

Milestone 2 - Incident Details

Mandatory fields are highlighted in red.

After completing the Policyholder or Claimant details, you'll be directed to the Incident Details screen.

No	Field Name	Remarks
1	Policy No.	The policy number will automatically populate from the notification page.
2	Incident Date & Time	Update the date and time of the incident as stated in the police report.  Date: key-in or select from the calendar, Time: select from the dropdown list provided
3	Brief Circumstances of Loss	Please update the brief description of the cause of the loss and damage and how it occurred.
4	Location of Accident	Please update the location of the incident (if available).
5	Total Amount Claimed	Please update the approximate/rough estimate of the total claim amount in numeric only.
6	Remarks	Update your message/remarks to the insurer (if available).
7	Bank Details	Please update the bank information where the amount of the said claim would be credited (if available) - fields 7a to 7c.

No	Field Name	Remarks
7a	Bank Name	Select from the dropdown list provided.
7b	Bank Account Holder Name	Please update the bank account holder's name.
7c	Bank Account Number	Please update the bank account number.

After completion, select **'Next'** to proceed.

Milestone 3 - Upload Documents

Mandatory fields are highlighted in red.

After completing the incident details, you will be directed to the Upload Documents screen.

It is advised to prepare copies of the documents before proceeding with the Online Claim Submission process to prevent the webpage from expiring before the submission can be completed.

Kindly prepare the copies of the required documents in PDF or JPEG/PNG formats, and ensure the file size does not exceed 6MB each. Please ensure the image of the document is legible before proceeding further.

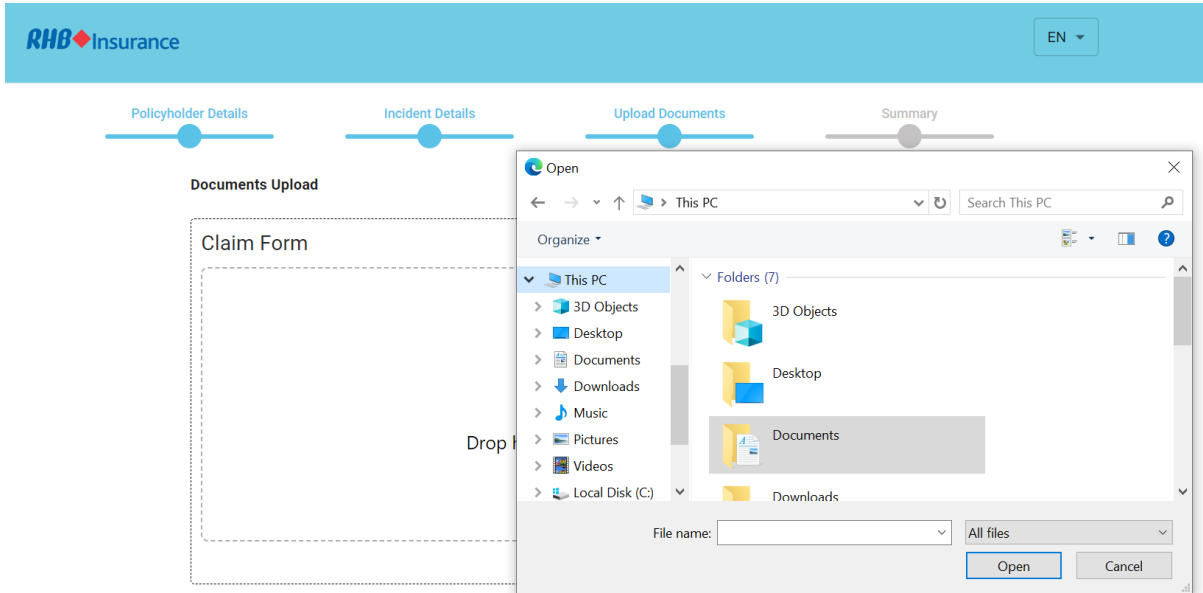
To upload additional documents, click on **'UPLOAD FILES'** in the **'Others'** box. You can upload extra or additional documents not listed in the document upload screen. You may input your own description upon uploading. After completion, select **'Next'** to proceed.

Note: Please note that the attached document is not intended to be all-inclusive, as the need for additional information/documents may become necessary during the course of the person in charge verification.



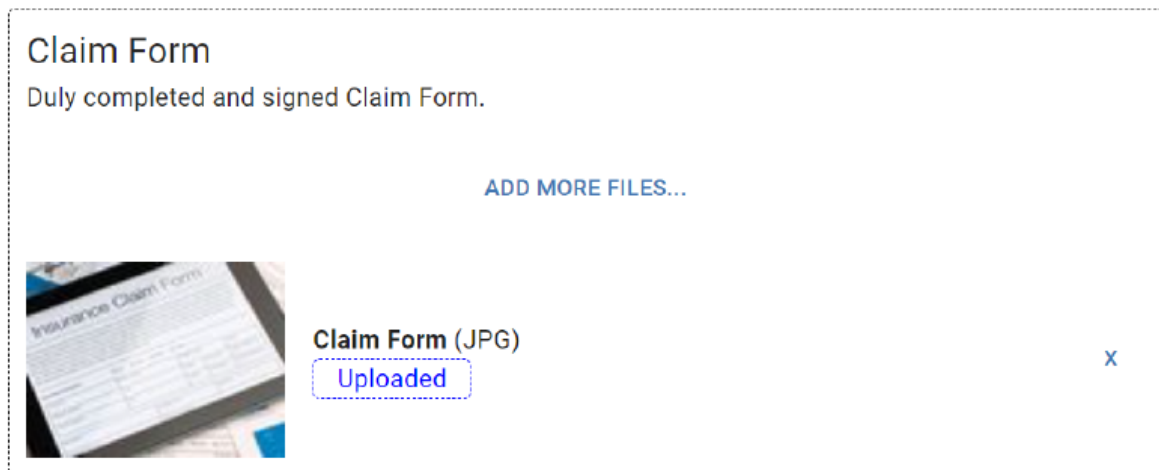
Follow these steps to upload the documents:

- (1) Click on the 'UPLOAD FILES' box.
- (2) A drop box will be displayed for drag and drop or browsing from the computer/mobile phone.
- (3) Select 'browse,' a window will be launched to allow you to select the document to be uploaded.
- (4) Choose the location where you have saved the file on your computer or mobile phone.
- (5) Select the document name you wish to upload, followed by selecting 'Open,' and the file will be uploaded.



- (6) A successful upload will be displayed as follows:

**Documents Upload**



- (7) Click on 'ADD MORE FILES' if you wish to upload more copies of the same document.
- (8) Click on 'X' if you wish to delete/remove the uploaded file.

Milestone 4 – Summary

After completing the upload of documents, you will be redirected to the Summary screen to reconfirm the details and documents that you have keyed in and uploaded before submission.

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Policyholder Details
Incident Details
Upload Documents
Summary

∨ Your Information

Who is submitting this claim?	Insured/Policyholder
Claim Type	NM TR

∨ Policyholder Details

Insured Type (Individual / Company)	Individual
Name	AA bin AAAA
Insured ID Type	NRIC
Insured ID Number	XXXXXX-XX-XXXX
Mobile Number	0123456789
Email Address	abc@gmail.com

∨ Incident Details

Policy Number	POLICYNO123
Accident/Loss Date	01/01/2024
Brief Circumstances of Loss	Flood damage
Total Amount Claimed	8000
Remarks	

∨ Documents Uploaded

Documents Uploaded

Claim Form

∨ Declaration

Declaration/Consent

I/We hereby confirm that all information declared are true and accurate as at the date of declaration. I/We have also sighted the original documents and all copies of documents are identical with the original ones. I/We have not withheld any information whatsoever regarding the claim submission knowing that it is my/our duty to take reasonable care not to make a misrepresentation in submitting the claims in connection with the incident and that my/our claim may be rejected if there is any misrepresentation by me/us.

⚠ [Declaration/Consent] is required.

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The motor and non motor insurance product presented on this website is powered by Fermion Merimen, a claims ecosystem, and the collaborative and information exchange platform for the insurance industry.

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Click on the Declaration/Consent box if you agree after reading the consent and select **SUBMIT** to proceed to the next step.

Upon successful submission, a Thank you message will be displayed to confirm that your submission is successful, and an acknowledgment email will be sent to the email address that you have provided during the notification page.

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## **Thank you for submitting this claim.**

For status/check, please visit our website for Claim Status Enquiry.

[MAKE A NEW CLAIM](#)

Claim Enquiry

Claim Enquiry empowers customers to check claim, upload extra documents, and print standard forms such as offer letters and discharge vouchers.

Select **CHECK CLAIM STATUS**

Non-Motor Claims Enquiry

Select **NON-MOTOR**.

Upon selection, additional fields will be displayed.

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**Non-Motor Claims Enquiry**

Policy No Policy No  
⚠ [Policy No] is required.

Accident/Loss Date Accident/Loss Date   
⚠ [Accident/Loss Date] is required.

Insured ID Number  
Insured ID Number Type  
 Co. Reg. No  
 NRIC  
 Passport No  
⚠ [Insured ID Number Type] is required.  
Insured ID Number  
⚠ [Insured ID Number] is required.

Pin Code Pin Code  
⚠ [Pin Code] is required.

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SUBMIT >>

No	Field Name	Remarks
1	Policy No	Update the insured's policy number.
2	Accident/Loss Date	Update the date of the accident (dd/mm/yyyy) as stated in the police report or click on the calendar to select the date.
3	Insured ID Number	Update the Insured's identification type and number.
4	Pin Code	Update the PIN (claims reference number) sent to you via email.

Upon completion, click **SUBMIT** to proceed. After retrieving the claim, you can review details such as Claim Progress, Insurance Details, Claim Information, Communication Tool, Forms for download and upload any additional supporting documents requested by the insurer.

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### Claim Enquiry Result

**Claim Progress**

Claim Status	This claim is Pending Processing by Insurer
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**Insurance Details**

Insurance Company	Beta Insurance
Claim Handler	David S. Coperfield (Tel: 603 1234 5678 ex1234)

**Information**

Notification From	Insured/Policyholder
Claim Reference No	CLMPOL123
Accident/Incident Date	06/09/2023
Claim Submission Date	08/09/2023
Claim Type	NM FR
Policyholder Name	AA bin AAAA
Policy No	POLICYNO123
Claimant Name	AA bin AAAA
Adjuster	

**Communication Tool**

Telephone No	<a href="tel:03-8888 8888" style="color: #00A0C0;">03-8888 8888</a>
E-mail Address	<a href="mailto:claims@beta.com" style="color: #00A0C0;">claims@beta.com</a>

**Forms for Download**

Forms Available

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ePayment\_Form

**Documents Already Received**

Documents Received

---

Claim Form

Additional Documents Upload

Tax Invoice

UPLOAD FILES...

Purchase Invoice

UPLOAD FILES...

Quotation/Replacement/Repair invoice

UPLOAD FILES...

Photographs of Damaged Items

UPLOAD FILES...

Fire Brigade Report

UPLOAD FILES...

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