

**CHECKLIST – MEDICAL CLAIM FORM**

**IMPORTANT NOTICE**

In the event of a claim, please notify us as soon as you return from your trip. You can contact us through the following channels:

- Email: [rhbi.general@rhbgroup.com](mailto:rhbi.general@rhbgroup.com)
- Call: 1300 220 007
- Walk in: Customer Relationship Centre or RHB Insurance branches, click [here](#) for more details
- Claims portal: Click [here](#). You may refer to the guide [here](#).



RHB Insurance  
Claims Portal

In no event should a claim be notified later than 30 days after the expiry of the insurance.

Items	Type of Claim	Action / *Document(s) Required
1	MEDICAL EXPENSES	<ul style="list-style-type: none"> <li>• Claim Form</li> <li>• Original: Bill and Receipts</li> <li>• Medical report from treating doctor</li> <li>• Laboratory reports/HPE Report/X-ray REPORT/ MRI Report and etc. (if any)</li> </ul>
2	FWHS	<ul style="list-style-type: none"> <li>• Claim Form</li> <li>• Original: Bill and Receipts</li> <li>• Medical Report from treating doctor</li> <li>• Copy of work permit</li> <li>• Copy of Passport</li> <li>• Copy of Insurance Certificate</li> </ul>
3	HOSPITAL CASH INCOME	<ul style="list-style-type: none"> <li>• Claim Form</li> <li>• Copy of Admission Bill</li> <li>• Copy of Discharge Summary/ Discharge Note</li> </ul>
4	CRITICAL ILLNESS	<ul style="list-style-type: none"> <li>• Claim Form</li> <li>• Medical report from treating doctor</li> <li>• Copy of x-ray reports and other laboratory reports (if any)</li> <li>• Copy of insured/Claimant IC</li> </ul>

Remark: The RHB Privacy Notice is a mandatory document that must be submitted for all types of claims.