



Claims procedures

Malaysia

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Archipelago™
Insurance Limited

Claims procedures

Before you make a claim please read your Plan guide and Table of benefits to check that your plan covers the treatment you need. If you have a question, please contact us using the contact details shown on page 3.

Some words and phrases used in this guide have specific meanings that are relevant to your plan. We have highlighted them in bold print and defined them in the 'Definitions' section of your Plan guide.

You or your personal representative must request pre-authorization for any in-patient treatment, daycare treatment, medical evacuation, compassionate emergency visit, or preparation or transportation of your body or mortal remains, before it takes place.

In emergency cases we would reasonably expect to be notified within the first 24 hours. Follow the pre-authorization procedure outlined in Section 1 below.

Section 1. How to pre-authorise in-patient treatment, daycare treatment, medical evacuation, compassionate emergency visit, or preparation or transportation of body or mortal remains

Call the international helpline on the numbers below:

From Australia, call free on 1800 147 528

From China, call free on 400 120 0542

From Greece, call free on 00 800 1809 204 3805

From Hong Kong, call free on 800 905 391

From Japan, call free on 00 66 338 015 40

From Malaysia, call free on 180 080 2157

From the Philippines, call free on 1800 8739 5246

From Singapore, call free on 800 641 1123

From South Africa, call free on 0 800 980 821

From Thailand, call free on 001 800 647 355

From the UAE, call free on 800 0640 1957

From the UK, call free on 0800 0327 921

From the USA, call free on 1 866 895 7795

If you are calling from a country not shown above, call collect or direct on: +44 (0)1252 351200.

To make a collect call you must first contact the telephone operator in the country you are calling from. You must then say that you would like to make a collect call and give the number shown above. The operator should then connect you to the international helpline at no charge to you.

You can also call this number in the normal way. If you call direct, you may be charged the local international rate.

If you are not able to call collect on the above number from the country where you are, we will be happy to call you. Please advise your number with a quick paid call to our number above.

All incoming and outgoing calls to and from the international helpline will be recorded for monitoring and training purposes.

Make sure you have your member number at hand when calling the international helpline. The helpline also might ask you of your medical practitioner's name and the name and telephone number of the treatment provider when you need to pre-authorise in-patient treatment or daycare treatment.

You can also fax your pre-authorization request to +44 (0)1252 351202 or email it to assistance@interglobalpmi.com.

Section 2. How to make a claim for treatment under a direct billing facility

Where direct billing arrangements are in place:

- Check that your treatment is covered under the plan – if you are unsure, contact us.
- Visit the treatment providers on the list for out-patient treatment.
- Show your membership card.
- The treatment provider will then deal with your claim administration.
- Receive your treatment.
- You must pay any excess or co-insurance that applies to your plan. This excess or co-insurance will be shown on your membership card.

If after we have paid a claim it is subsequently found to be ineligible under the terms and conditions of the plan, we have the right to recover the payment from you or the planholder. Payment of any such claim is not an indication of our acceptance of liability for the claim or confirmation that further costs for treatment for the same or any related medical condition(s) will be met. If we refuse to pay a direct billing claim under the terms and conditions of the plan, you will have to pay the cost of the claim within the period specified by the treatment provider upon receiving notice from them.

Section 3. How to make a claim for out-patient treatment on a pay and claim basis

If you need any help or advice, please contact the claims team using the contact details shown on page 3.

- See your medical practitioner, therapist, or specialist in the usual way. Complementary treatment received from a therapist must always be on referral from your medical practitioner or specialist. For more details on complementary treatment, refer to the section 'Physiotherapy and complementary medicine for acute and chronic medical conditions' of your Table of benefits.
- Pay your bill for the treatment you have received.
- Make sure you get an original itemised invoice and original receipt as you will need to send these to us with your completed Claim form.
- Make sure that you complete one Claim form for each medical condition.
- Complete sections A-D & F of the medical Claim form, sections A-D & F of the maternity Claim form, sections A-D & F of the dental Claim form or sections A, B & D-K of the travel Claim form depending on the type of claim you are submitting. You can get a Claim form by contacting the claims team. You can also download a Claim form by visiting our website www.interglobalpmi.com
- You must ask your medical practitioner to complete section E on the medical treatment reimbursement Claim form, section E on the maternity treatment reimbursement Claim form, section E on the dental treatment reimbursement Claim form or section C on the travel Claim form.
- Send your claim to the claims team at the address shown on page 3. You must send the following items to make sure that we can process your claim:
 - the original itemised bill;
 - the original receipt;
 - the fully completed Claim form;
 - a copy of the prescription; and
 - a copy of the investigative tests results where relevant (e.g. blood tests, x-rays, ultrasound, etc).

Alternatively, **you** can scan and email a copy of these items to the email address shown on page 3.

Send the above items as soon as possible from the first date of **treatment**. **We** recommend that **you** send these within six (6) months of the first **treatment** date.

Section 4. How to make a claim under your add-on plan

Claim forms for maternity, travel and personal accident **claims** are available to download from **our** website.

Maternity add-on plan

For a medical **emergency** or planned **in-patient** or **daycare treatment**, follow the procedures outlined in section 1.

For **out-patient treatment**, follow the procedures outlined in section 3.

Travel add-on plan – section A

For a medical **emergency**, follow the procedures outlined in section 1.

For **out-patient treatment**, follow the procedures outlined in section 3.

Travel add-on plan – sections B to I

If **you** need to make a **claim**, contact the **claims** team using the contact details shown on page 3.

Personal accident add-on plan

If **you** need to make a **claim**, contact the **claims** team using the contact details shown on page 3.

General claims information

- Make sure **you** carry **your** membership card at all times;
- quote **your plan** number and **member** number in all correspondence; and
- keep copies of information about **your claim** for **your** own records.

Membership cards

We will send **you** a membership card with **your plan** documents. **You** should carry this card with **you** at all times and show it to the **treatment** provider when **you** go for **pre-authorised in-patient** or **daycare treatment**. If **you** are entitled to direct billing **you** must show this card when getting **out-patient treatment** at a direct billing facility.

Payment of eligible claims

Eligible claim payments we pay direct to the treatment providers

We will pay all eligible **claims** in line with the payment instructions of the **treatment** providers shown on the invoice.

Eligible claim payments we pay direct to you

We will pay all eligible **claims** in line with the information **you** give in the payment section of the **Claim** form.

Exchange rates

If **we** need to convert from one currency to another, **we** will use an exchange rate that applies on the date **we** assess the **claim**. **We** will not be responsible for any loss **you** may suffer due to changes in the exchange rate.

Payment methods

We can make eligible **claims** payments by:

- bank transfer in most currencies (this is the method **we** would recommend); or
- foreign draft in most currencies.

We will not pay any charges for cashing foreign drafts.

Scanned claims

If **you** choose to scan **your claims** to **us**, rather than post them, please scan them to the **claims** team email address shown below.

It is important that the scanned **claim** documents meet the following criteria:

- The scanned image of the **Claim** form and invoice(s) must be in colour.
- A separate scan should be made for each **claim**, for each **medical condition** and for each **member**, and sent in the following order:
 - 1) fully completed **Claim** form with all sections completed and signed by the **member** and treating doctor;
 - 2) medical reports attached if applicable;
 - 3) relevant itemised bills;
 - 4) relevant receipts;
 - 5) a copy of the prescription if medication forms part of the **claim**;
 - 6) any other relevant supporting documentation.
- The scanned image must be clear and all text must be legible.
- The scanned image must be straight and aligned with all parts of the document being clearly visible, for example, edges are not to be cut off.
- Text is to be consistent throughout the document.
- All borders around boxes must be clear and consistent with no breaks.
- **You** must tell **us** on the original **Claim** form that **you** are submitting a scanned copy of the **claim** by ticking 'Yes' or 'No' next to the relevant question located at the top of the first page.
- If the scanned **claim** does not meet these criteria, **we** will advise **you** and explain that the **claim** cannot be accepted. **You** will therefore need to send the original documentation to **us** in the normal way for an assessment to be made on **your claim**.
- **We** may from time to time request original documentation as part of **our** on-going auditing activity. Therefore **you** should keep the original documentation for a period of 12 months in addition to any local regulations, and these must be provided to Archipelago Life Insurance within 14 days on request.
- **We** may, in exceptional circumstances, or for verification, or other purposes still request the original documentation before **we** can agree to pay a **claim**. If this is the case, **we** will let **you** know as soon as possible after **we** have received **your** scanned documents, but no later than 14 days.

We cannot begin the **claim** assessment process if the scan quality is not acceptable or the submission is incomplete.

It is important that any **claim** **you** send to **us** is done either by scan or originals, but not both.

Email **your** scanned **claims** to: claims@archipelagolife.com

How to complete the Claim forms

Important information

Please remember these important points when completing your Claim form:

- Assessment of your claim may be delayed if you and your medical practitioner, specialist or therapist do not complete all the necessary sections of this form.
- Please send your claim to us as soon as possible. We recommend that you do so within a maximum period of six (6) months of the first treatment date.
- Always send us the original invoices with this form. Photocopies, receipts and credit card statements will not be accepted.
- Depending on the nature of the claim, you will need to complete the relevant Claim form. Copies of our Claim forms are available for you to download from our website. The Claim forms available are:
 - Medical treatment
 - Personal accident
 - Dental treatment
 - Compassionate emergency visit
 - Maternity treatment
 - Mortal remains.
 - Travel

Section A – Patient details

- If the patient is a dependant under the age of 18, the main member must complete the form and sign the declaration for them. If the patient is a member under the age of 18, the parent or legal guardian named as the planholder must complete the form and sign the declaration for them.

Section C – Claim details

- You can claim Hospital cash benefit if you have stayed overnight in hospital and the hospital has not charged you or any other party for treatment. Please see your Plan guide and Table of benefits for more information on Hospital cash benefit.
- If you have another insurance plan or policy that covers you for medical costs, we will need to know the details as it may affect the amount we pay in respect of your claim.

Sections D and E

If the declarations have not been read and signed, we will not be able to process your claim.

Section F – Payment details

If you are not personally seeking reimbursement we will pay the treatment provider directly, as long as the payment instructions are shown clearly on the invoice. If you are personally seeking reimbursement, you need to tell us how you wish to be reimbursed.

- Ensure that you are able to receive payment in the method and currency you have requested.

- We reserve the right to pass on any payment charges incurred by us for cancelling the original payment due to inaccurate information submitted to us.
- We will not be responsible for any payment shortfall due to exchange rate fluctuations and/or bank service charges. Please contact your bank for further details.
- If you do not give us the sort code/routing code, BIC/SWIFT code and/or IBAN number, you may incur additional bank charges and it will result in a delay in us paying your claim. You can find the payment information on your bank statement.
- Payment by foreign draft in certain currencies can result in long delays. These delays are beyond our control. We will not pay any bank charges incurred in encashing a foreign draft. We strongly recommend that, wherever possible, you choose to be reimbursed by bank transfer as this is the quickest and safest method of payment.
- We can make payment in most readily traded currencies and to most countries. In the event that we are unable to make payment in the currency or to the country you have specified, we will contact you to confirm an alternative currency. If you do not specify a payment currency, we will pay your claim in the currency of your plan. For the current list of applicable currencies and countries please refer to our website.
- We cannot issue foreign drafts to banks based in Qatar.
- Your bank may ask you to complete additional paperwork before they can release our payment to you. This may delay your receipt of the payment and is outside our control.

No-claims discount

The no-claims discount applies to individual and family plans only. Any claims made for the Wellness or Hospital cash benefits, or on any add-on plans will not affect the no-claims discount. Claims made under all other benefits will affect your no-claims discount.

The no-claims discount does not apply to groups.

Deductibles

Any applicable excesses and co-insurances will be deducted from any reimbursement.

Claims team contact details

Claims team

Telephone: +603 620 104 91
Fax: +603 620 104 81
Email: claims@archipelagolife.com

Postal address

Archipelago Life Insurance Limited
B-08-07 Gateway Corporate Suites
Gateway Kiaramas
No 1 Jalan Desa Kiara
Mont Kiara
50480 Kuala Lumpur
Malaysia

Website

www.archipelagolife.com



Whenever coverage provided by any insurance policy would be in violation of any US, UN or EU economic or trade sanctions, such coverage shall be null and void. For example, we cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control (OFAC) license. Learn more on the US Treasury's website at: www.treasury.gov/resource-center/sanctions.

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