PIAM
PERSATUAN INSURANS AM MALAYSIA
General Insurance Association of Malaysia

Persatuan Insurans Hayat Malaysia
Life Insurance Association of Malaysia

MALAYSIAN TAKAFUL ASSOCIATION

COVID-19 TEST CLAIM FORM

IMPORTANT NOTES:

1. All sections in this form must be fully completed before submission to avoid claim rejection.
2. If you have more than one medical and health insurance policy/takaful certificate with different insurance companies and/or takaful operators, please indicate your preferred policy/certificate for the verification process.
3. For asymptomatic cases, you are required to tick (/) No symptoms for item 4 of Part B and required to tick (/) Checklist 4 of Part C.
4. The entitlement of the reimbursement rate is based on the category as shown below:

	Category	CTF Reimbursement Rate (RM)	
A	Persons Under Investigation (PUI)	Up to RM300 per test for Reverse Transcriptase – Polymerase Chain Reaction (RT-PCR)	
B	Emergency / Semi-Emergency Surgery	Up to RM300 per test for RT-PCR	
C	Asymptomatic Individuals		
	i. All Individual MHIT policy/certificate holders	Up to RM100 per test for RT-PCR	Up to RM50 per test for Rapid Test (Antigen RTK-Ag)
	ii. All Group MHIT policy/certificate holders (limit to 50 employees per policy/certificate)	Up to RM50 per test for RT-PCR	Up to RM50 per test for Rapid Test (Antigen RTK-Ag)
D	Hospital Admissions (for Non-Emergency/Non-Semi Emergency Surgery)	Up to RM100 per test for RT-PCR	Up to RM50 per test for Rapid Test (Antigen RTK-Ag)

For submission of claim for CTF for Patients Requiring Surgery and hospital admissions, the additional steps required are as follows:

5. For item 4 of Part B, you are required to tick (/) Other symptoms and to specify type of surgery or reason of hospital admissions.
6. For Part C, you are required to tick (/) Checklist 1 and the Doctor to tick (/) the **Declaration by doctor for surgery confirmation** with the diagnosis or the **Declaration by doctor for hospital admission confirmation** with the reasons . In addition, the Doctor to tick (/) the **Declaration by doctor for COVID-19 test** and **to provide the details i.e.** Doctor's Name, Address & Contact No.
7. Once you have completed the COVID-19 Test Claim Form, please upload the COVID-19 Test Claim Form together with the relevant supporting documents into www.MyCTF.my portal.
8. Detailed Frequently Asked Questions (FAQ) on COVID-19 Test Fund can be accessed through the MyCTF portal at www.MyCTF.my.

PART A Details of Policy/ Certificate Holder & Insured/Covered Person

1. Policy/Certificate Holder Name (state the name of employer if a group policy/certificate):	
2. Insured/Covered Person Name (If other than Policy/Certificate Holder. This includes employee or dependent if insured / covered person under group policy/certificate):	
3. Insured/Covered Person New / Old NRIC / Passport / Other ID Number:	**New NRIC** ☐☐☐☐☐☐ - ☐☐ - ☐☐☐☐ **Old NRIC / Passport / Other ID** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PART B COVID-19 Declaration

4. Have you had any of the following symptoms over the past 14 days? Please tick where applicable	❑ No symptoms ❑ Fever ❑ Cough ❑ Sore throat ❑ Shortness of breath ❑ Other symptoms (please specify)
5. Have you travelled to / resided in any foreign country within 14 days before the onset of illness?	❑ Yes, please state the country ❑ No
6. Date of departure from the said country	☐☐ - ☐☐ - ☐☐☐☐
7. Have you been in [1]close contact with a [2]confirmed case of COVID-19, within 14 days before the onset of illness?	❑ Yes, please state the contact details ❑ No
8. Have you attended an event associated with known COVID-19 outbreak?	❑ Yes, please state the event & date ❑ No

[1]Close contact defined as:

a) Health care associated exposure without appropriate Personal Protective Equipment (including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID19 patient).
b) Working together in close proximity or sharing the same classroom environment with a COVID-19 patient.
c) Travelling together with COVID-19 patient in any kind of conveyance.
d) Living in the same household as a COVID-19 patient.

[2]Confirmed case of COVID-19 defined as a person with laboratory confirmation of infection with the COVID-19,irrespective of clinical signs or symptoms.

PART C Checklist on Submission of Claim Documents (Please tick (/) one).

❑ Checklist 1

OR

Declaration by doctor for surgery confirmation

❑ I have taken the medical history and examined the patient and declaring that the patient is required to undergo the emergency[3] / semi-emergency[4] surgery with the following diagnosis:

____

____

Note: The following definition is based on the Emergency Severity Index from the Agency for Healthcare Research and Quality (an agency of the US Department of Health and Human Services):
[3]Emergency means a situation where a patient requires immediate and life-saving intervention
[4]Semi-Emergency or urgent means a high-risk patient whose condition could easily deteriorate or who presents with symptoms of a condition requiring time-sensitive treatment

Declaration by doctor for hospital admission confirmation

❑ I have taken the medical history and examined the patient and declaring that the patient is required to be admitted for further treatment with the following reasons:

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Declaration by doctor for COVID-19 test

❑ I have taken the medical history and examined the patient and declaring the statement provided by the patient in Part A and Part B are correct.

The patient is ❑ required to take the COVID-19 test ❑ not required to take the COVID-19 test

To enclose the following documents	Doctor's Name, Address & Contact No:
1. Original receipt or scanned copy of original receipt 2. Copy of identity card or passport of claimant as specified in item 2 of Part A 3. Scanned copy of Laboratory Report	

❑ Checklist 2

OR

To enclose the following documents
1. Copy of Doctor's referral letter to indicate that you are required to do a COVID-19 test
2. Original receipt or scanned copy of original receipt
3. Scanned copy of Laboratory Report
4. Copy of identity card or passport of claimant as specified in item 2 of Part A.

❑ Checklist 3

OR

To enclose the following documents
1. Copy of Order For Supervision And Observation At Home Form (As per Annex 14a of Guidelines COVID-19 Management in Malaysia No.05/2020 issued by Ministry of Health)
2. Original receipt or scanned copy of original receipt
3. Scanned copy of Laboratory Report
4. Copy of identity card or passport of claimant as specified in item 2 of Part A.

❑ Checklist 4

To enclose the following documents
1. Original receipt or scanned copy of original receipt
2. Scanned copy of Laboratory Report
3. Copy of identity card or passport of claimant as specified in item 2 of Part A.

PART D Declaration and Authorisation

1. I understand and agree that any personal information collected or held by the Administrator (whether contained in this form or otherwise obtained) may be held, used and disclosed by the Administrator to individuals / organisation related to and associated with the Administrator or any selected third party (within or outside of Malaysia, including reinsurance/ retakaful and claims investigation companies and industry associations / federations) for the purpose of processing this application and to communicate with me for such purposes. I understand that I have a right to obtain access to and request to update and correct any personal information held by the Administrator concerning me. Such request can be made to my own insurance company or takaful operator.

2. I understand and agree that
   a) I am allowed to claim this benefit once per life, irrespective of the number of policies/certificates that I have with multiple insurers/takaful operators and is subject to availability of the fund;
   b) I understand that the Administrator's acceptance of this claim form is not an admission of the Administrator's liability of my claim.
   c) I have read & understood the Terms & Conditions of COVID-19 Test Fund.

Note: The disbursement of the Covid-19 Test Fund is jointly administered by Life Insurance Association of Malaysia (LIAM), Persatuan Insuran Am Malaysia (PIAM) & Malaysian Takaful Association (MTA), together with all members of these associations.

❑ I confirm that I am the Policy/Certificate Holder or Insured/Covered Person under the policy/certificate stated above and all information provided herein are correct and accurate.

Name:	Signature:	Date: