



**PENYERAHAN TUNTUTAN PEKERJA
KINI LEBIH MUDAH DENGAN**

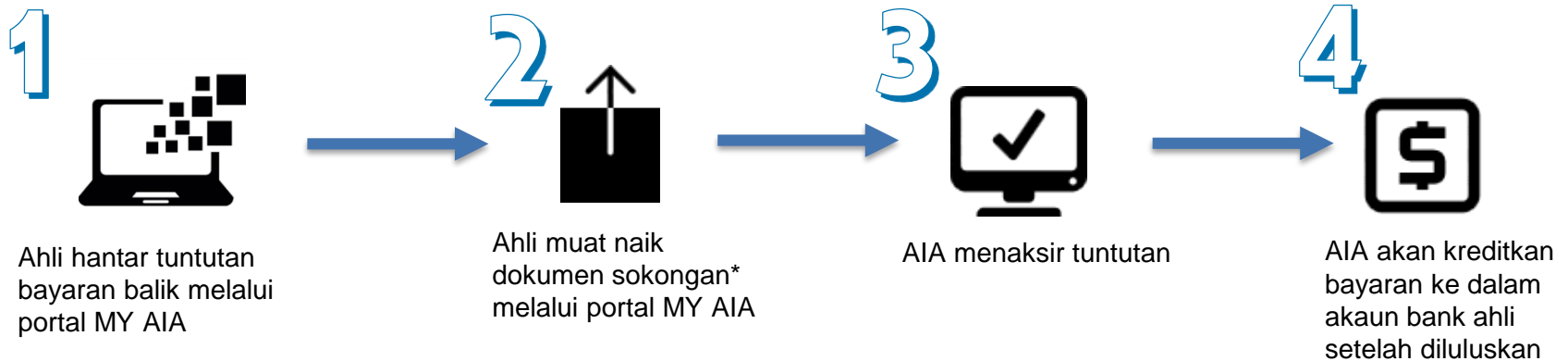
eCLAIMS

Hantar tuntutan anda dalam talian di aia.com.my

eClaims - Gambaran Keseluruhan



UNTUK TUNTUTAN BERIKUT:

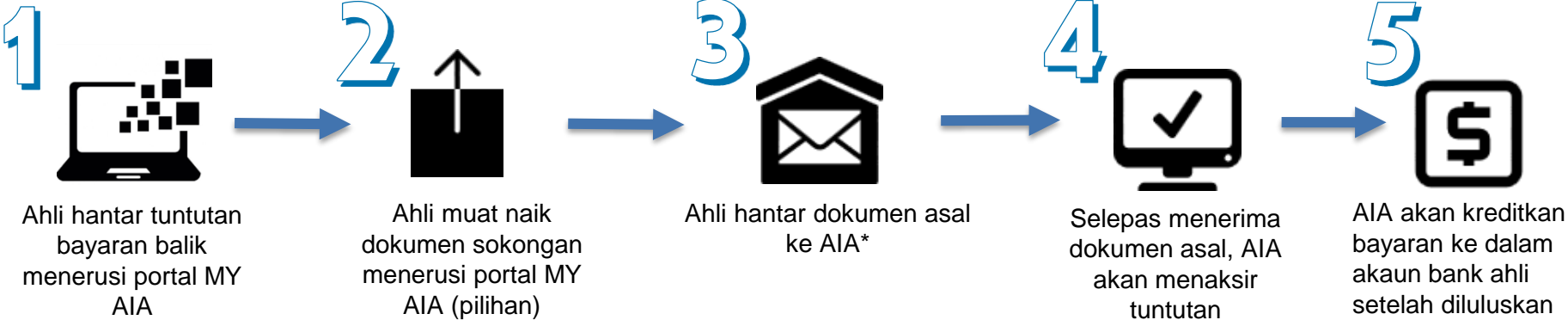


**Resit asal perlu disimpan selama 7 tahun.*

eClaims - Gambaran Keseluruhan



UNTUK TUNTUTAN HOSPITAL*:



***Dokumen fizikal adalah mandatori bagi mematuhi garis panduan Persatuan Insurans Hospital & Pembedahan / Takaful (HSI) yang dikeluarkan bersama oleh LIAM (Persatuan Insurans Hayat Malaysia), PIAM (Persatuan Insurans Am Malaysia), Jawatankuasa Teknikal MTA (Persatuan Takaful Malaysia). Ahli perlu menyimpan resit asal selama 7 tahun.*

GARIS PANDUAN PENYERAHAN eClaims

01 PENGENALAN

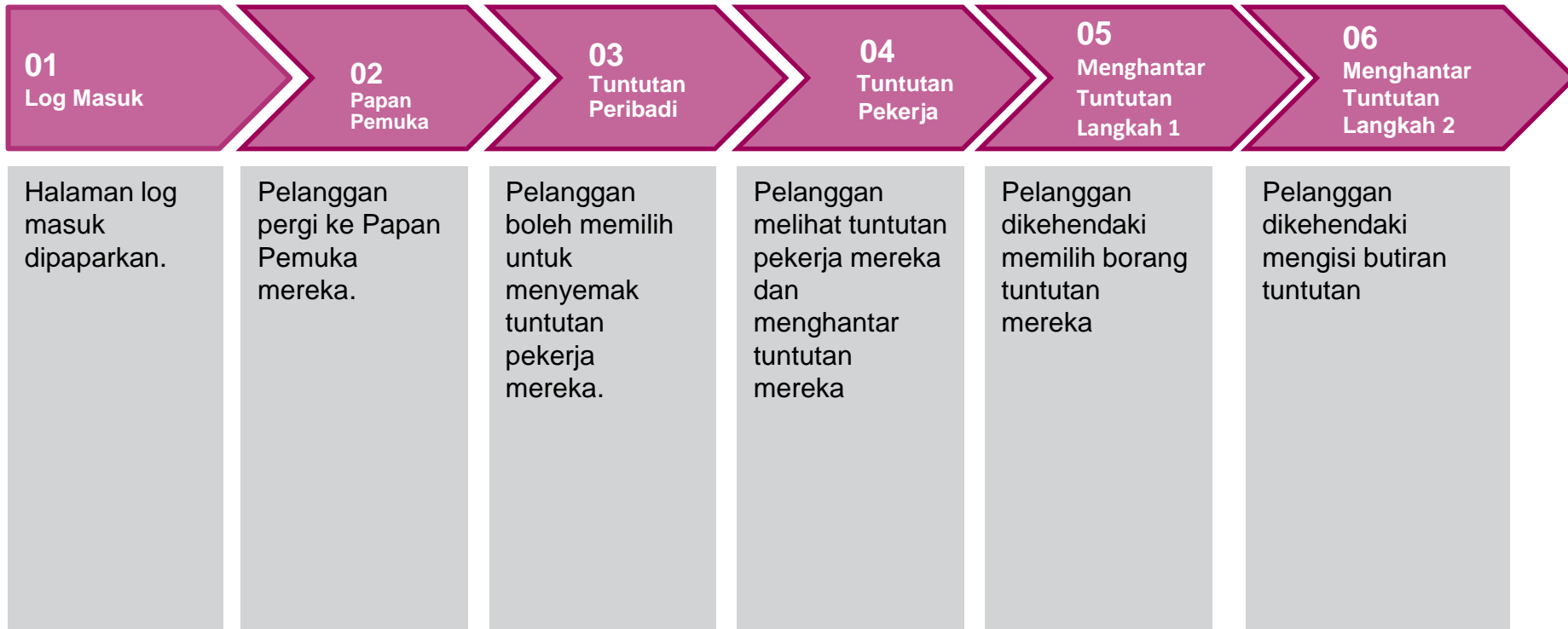


Apabila pelanggan mahu menghantar tuntutan mereka secara elektronik, mereka hanya perlu mengikut langkah-langkah yang dinyatakan di dalam slaid-slaid di bawah.

02 ALIRAN HALAMAN



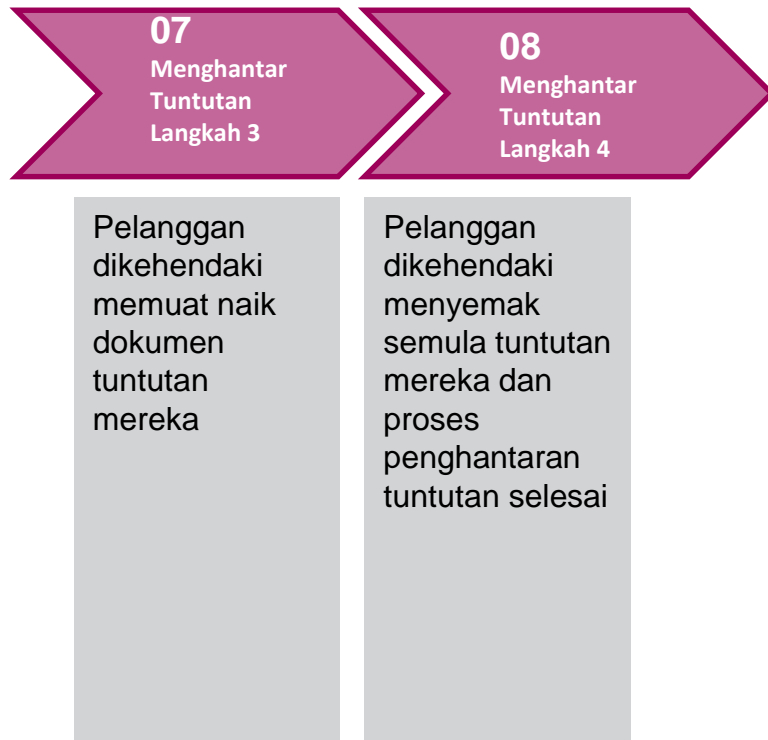
Aliran di bawah menggambarkan proses tuntutan pengguna.



02 ALIRAN HALAMAN



Aliran di bawah menggambarkan proses tuntutan pengguna.



03 PANDUAN LANGKAH DEMI LANGKAH



1. Log masuk

LOGIN TO MY AIA

User ID

1

Password

2

3

[Forgot your user ID/password?](#)

- 1 Masukkan ID Pengguna
- 2 Masukkan kata laluan
- 3 Klik "Login"

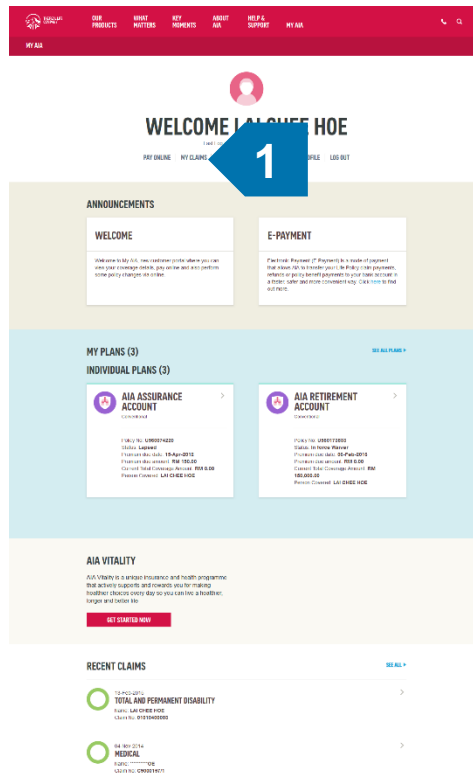
Don't have an account? [Register now](#)

If you are an **AIA Vitality** member, [register here](#).

03 PANDUAN LANGKAH DEMI LANGKAH



2. Papan Pemuka

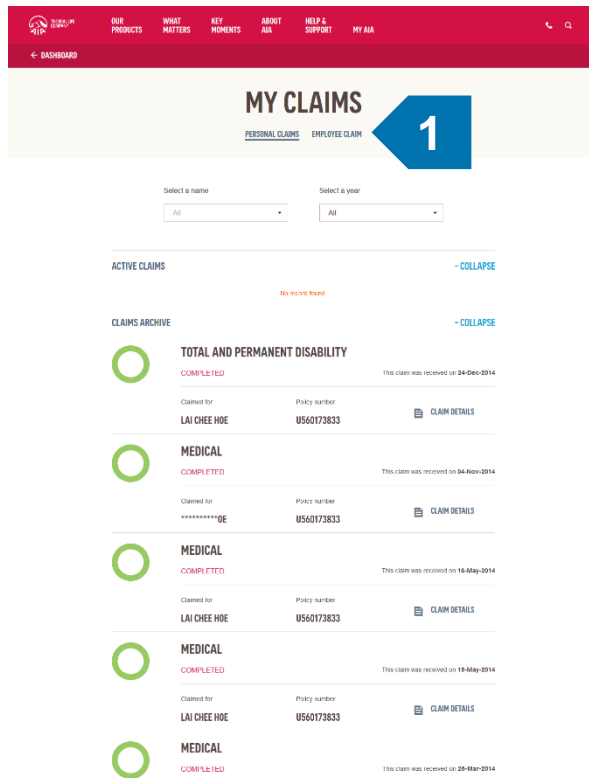


1 Klik pada “My Claims”

03 PANDUAN LANGKAH DEMI LANGKAH



3. Tuntutan Peribadi



1 Klik "Employee Claim"

03 PANDUAN LANGKAH DEMI LANGKAH



4. Tuntutan Pekerja

1 Klik “Submit New Claim”

03 PANDUAN LANGKAH DEMI LANGKAH



5. Pilih Borang Tuntutan Anda

- 1 Isi Tarikh Lawatan
- 2 Pilih Nama Pihak Yang Menuntut
- 3 Pilih Jenis Tuntutan
- 4 Pilih syarikat
- 5 Tandakan kotak
- 6 Klik "Next"

03 PANDUAN LANGKAH DEMI LANGKAH



6. Isikan Butiran Tuntutan Anda

FILL IN YOUR CLAIM DETAILS
E-claims for employee benefits.

Who are you claiming for?
XBXK XXHV VHX VBKXKH

The company that you are claiming under?
QBQB XXBVVXHX KSK VXS

Date of visit
15 Sep 2017

Specialist Care (to exclude pre and post hospitalisation claim) claim form

Provider name
POLIKLINIK & SURGERI HIKM 27 JALAN SELINGGANG 4, K...

Reason for visit
Food Poisoning

Total claim amount (RM)
222

Your Reimbursement Details

Bank name
HSBC LEBUH BANGSAHONG LEBUH FIN

Account number
123244

Email address
web@vms.com

Important note:
Please ensure that you key in the correct bank details of the employee or you may not receive your reimbursements. AIA will not be held responsible if the details you provide are incorrect. Reimbursement will be made according to your policy.

PREVIOUS NEXT

Only benefits covered by your medical programme will be payable. Please verify your benefits before claim submission.

- 1 Pilih Penyedia Perkhidmatan
- 2 Pilih Sebab Lawatan
- 3 Isi Jumlah Tuntutan
- 4 Pilih Bank
- 5 Isi Nombor Akaun Bank
- 6 Isi Alamat Emel
- 7 Klik "Next"

03 PANDUAN LANGKAH DEMI LANGKAH



7. Muat Naik Dokumen Anda

- 1 Klik “Select Files” untuk memuat naik dokumen
- 2 Tandakan kotak
- 3 Klik “Next”

03 PANDUAN LANGKAH DEMI LANGKAH



8. Semak & Lengkapi Tuntutan Anda



REVIEW YOUR CLAIM

Please review the details of your claim submission below. Please make sure that all details are correct and all relevant documents are uploaded.

Patient Details	
Name of patient	XBKS XXXHV VHX VBKXHH
Company name	QBBQB XXBXVKHX KSX VKS
Visit Details	
Type of claim	Specialist Care (to exclude pre and post hospitalisation claim)
Date of visit	15 Sep 2017
Provider name	POLIKLINIK & SURGERI HKM, 27 JALAN SELINGSING 4, KUALA LUMPUR
Reason for visit	Food Poisoning
Total claim amount	RM222
Uploaded Documents	
1. Chrysanthemum.jpg	
Your Reimbursement Details	
Bank name	HONG LEONG BANK/HONG LEONG FIN
Account number	123344
Email address	test@test.com

Important note:

Please ensure that you key in the correct bank details of the employee or you may not receive your reimbursements. AIA will not be held responsible if the details you provide are incorrect. Reimbursement will be made according to your policy.



THANK YOU FOR YOUR SUBMISSION

Your eClaim submission has been received and will be reflected in My AIA once processed.

eClaim Reference ID	E0000187
Patient Details	
Name of patient	XBKS XXXHV VHX VBKXHH
Company name	QBBQB XXBXVKHX KSX VKS
Visit Details	
Type of claim	Specialist Care (to exclude pre and post hospitalisation claim)
Date of visit	15 Sep 2017
Provider name	POLIKLINIK & SURGERI HKM, 27 JALAN SELINGSING 4, KUALA LUMPUR
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Important note:

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- 1 Klik "Submit"
- 2 Klik "Done" untuk melengkapkan Penghantaran Tuntutan anda



[Would you like to submit another claim?](#)