



THE REAL LIFE
COMPANY

EMPLOYEE CLAIMS SUBMISSION
NOW MADE EASIER WITH

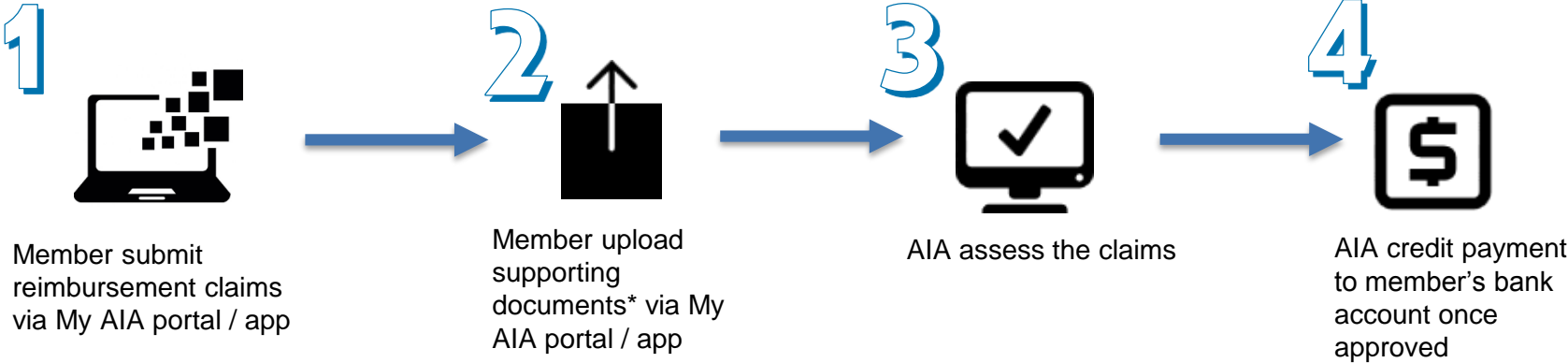
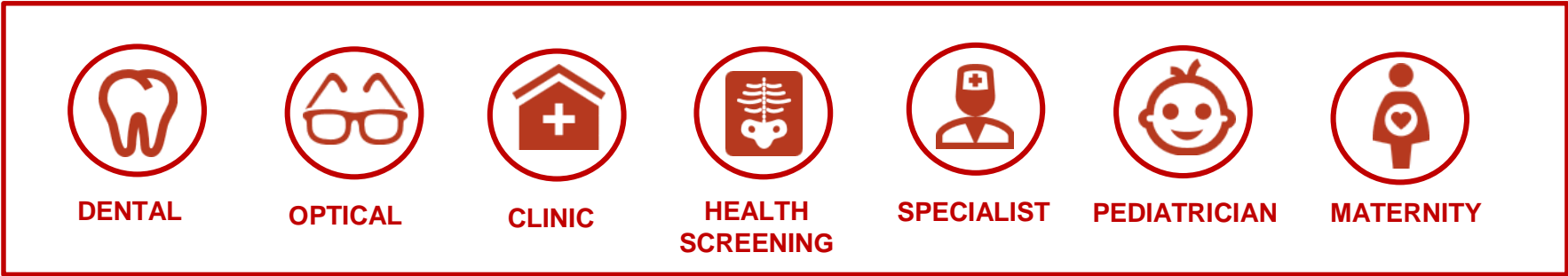
eCLAIMS

Submit your claims online at aia.com.my

eClaims - Overview



FOR THE FOLLOWING CLAIMS:

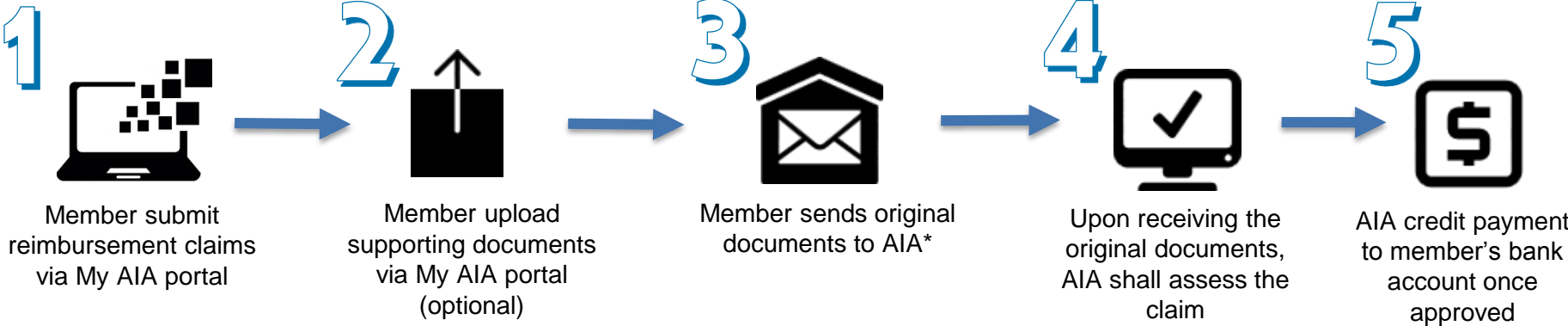


**Original receipts will need to be kept for 7 years.*

eClaims - Overview



FOR HOSPITAL CLAIMS*:



* Physical documents are mandatory in compliance with the Hospital & Surgical Insurance / Takaful Guideline (HSI) joint issued by LIAM (Life Insurance Association of Malaysia), PIAM (Persatuan Insuran Am Malaysia), MTA (Malaysian Takaful Association) Technical Committee. Original receipts will need to be kept for 7 years.

eClaims SUBMISSION GUIDE

01 INTRODUCTION



When a customer wants to submit their claims electronically, all they have to do is follow the steps explained in the slides below.

02 PAGE FLOW



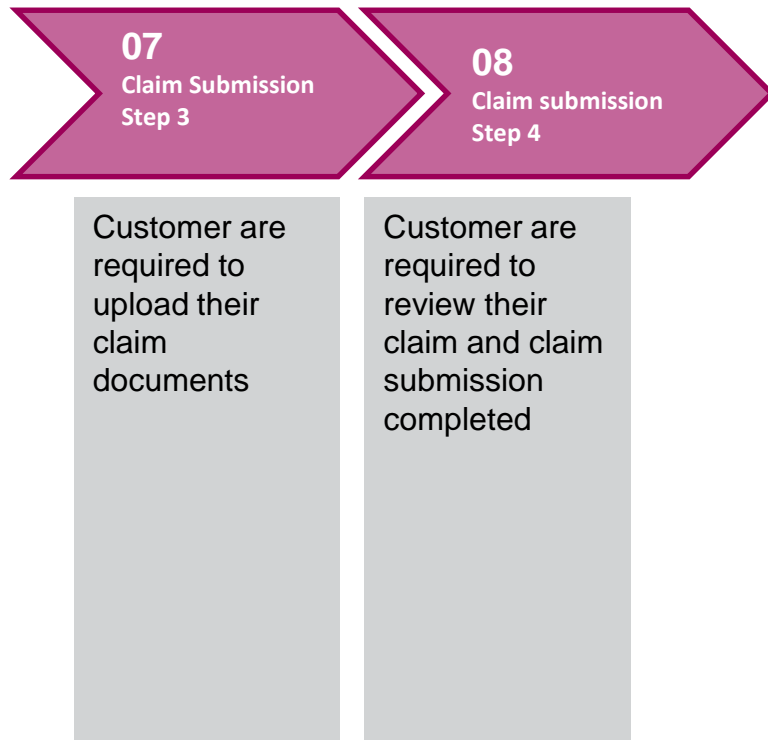
The page flow describes the customer's user journey.



02 PAGE FLOW



The page flow describes the customer's user journey.



03 STEP-BY-STEP GUIDE



1. Login

LOGIN TO MY AIA

User ID

1

Password

2

3

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

- 1** Enter User ID
- 2** Enter password
- 3** Click Login

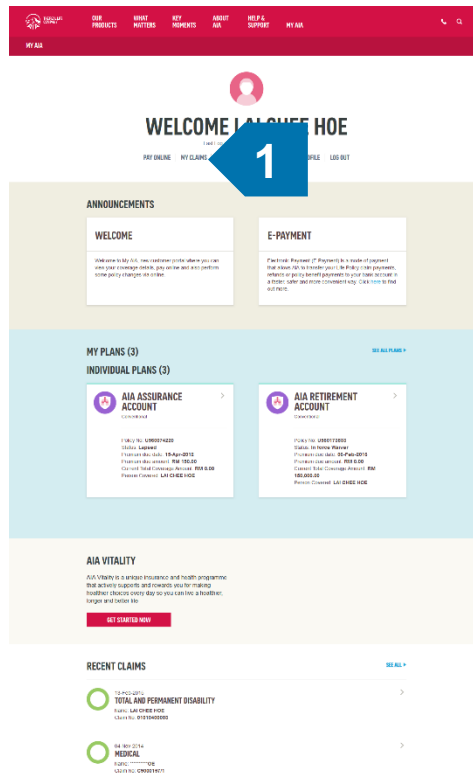
Don't have an account? [Register now](#)

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

03 STEP-BY-STEP GUIDE



2. Dashboard

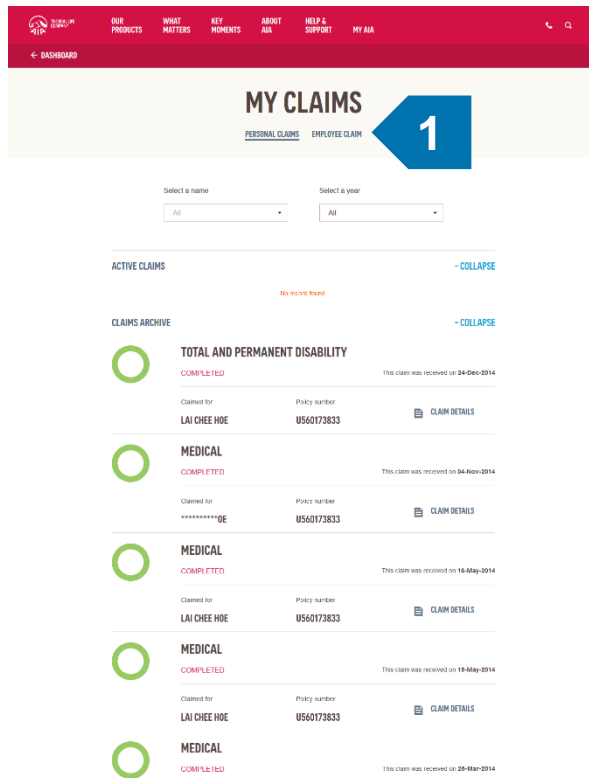


1 Click on My Claims

03 STEP-BY-STEP GUIDE



3. Personal Claims



1 Click Employee Claims

03 STEP-BY-STEP GUIDE



4. Employee Claims

MY CLAIMS

Personal Claims **Employee Claim**

Overview | **Submit New Claim** | 1

Select a name: All | Select a year: All

ACTIVE CLAIMS - COLLAPSE

	GGP1 APPROVED Valid on 23-Jan-2017
Claimed for	Policy number
XBKS XXHV VHX VBKXHH	30001044
eClaim Reference ID	CLAIM DETAILS
NOT APPLICABLE	

	GGP1 APPROVED Valid on 23-Jan-2017
Claimed for	Policy number
XXXXXXXXX XXQX SXHXK VHX XBKS XXHV	30001044
eClaim Reference ID	CLAIM DETAILS
NOT APPLICABLE	

PAST CLAIMS + EXPAND

1 Click Submit New Claim

03 STEP-BY-STEP GUIDE



5. Select Your Claim Form



- 1 Enter Date of Visit
- 2 Select Claimant Name
- 3 Select Type of Claim
- 4 Select company
- 5 Tick the box
- 6 Click Next

Terms and Conditions

- a. You are not allowed to submit the same claim to a different insurer / Takaful operator. In the event that we discovered such instance or the claim is fictitious, we have the right to reject the claim and / or proceed with necessary action.
- b. You are required to keep all records, original receipts and other supporting documents in relation to this claim for a period of seven (7) years.
- c. You may be requested by the policy holder (i.e. your employer) / AIA to submit the original record, receipt or other supporting documents for verification or audit purposes. If you failed to do so, AIA reserve the right to reject the claim or request for refund (if payment has been made to you).
- d. The claim submission is considered received by AIA if it is submitted during AIA's official business hour i.e. Monday to Friday between 8.30 am to 5.30 pm. Any claim submission outside AIA official business hour shall be considered receipt on the next official business hour.
- e. You must submit the claim within ninety (90) days from the date of visit.
- f. You must ensure that all information provided is correct and true.

5 I have read and agreed to the above terms and conditions. I authorize any institution or individual that has any records or knowledge of my health and medical history to disclose such information to AIA Bhd. or its representative.

6

03 STEP-BY-STEP GUIDE



6. Fill In Your Claim Details

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

Who are you claiming for
XBKS XXHV VHX VBCKDH

The company that you are claiming under
QBQB XXBVBVHX KSK VKS

Date of visit
15 Sep 2017

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

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

Reason for visit
Food Poisoning

Total claim amount (RM)
222

Your Reimbursement Details

Bank name
HSBC LEBUAS BANGKONG LEBUAS 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 Select Provider
- 2 Select Reason for visit
- 3 Enter Claim Amount
- 4 Select Bank
- 5 Enter Bank Account Number
- 6 Enter Email Address
- 7 Click Next

03 STEP-BY-STEP GUIDE



7. Upload Your Documents

- 1 Click Select Files to upload document
- 2 Tick the Box
- 3 Click Next

03 STEP-BY-STEP GUIDE



8. Review & Complete Your Claim



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
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.

- 1 Click Submit
- 2 Click Done to complete your Claim Submission

