

MY AIA Portal User Guide

Updated in February 2023

The content of this User Guide will be updated from time to time.

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Section

- Main Dashboard
- Inbox Message
- **Employee Benefit & Utilisation**
- Individual Policy Details
 - **Submit Service Requests**
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- **Submit Individual Claims**
- Vitality
- **Financial Health Check**
- 9 Panel Locator
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- Entry point
- Pre & Post Login Mega Menu
- New interface of Main Dashboard

Entry Point Main Dashboard



Main Dashboard – Post Login Mega Menu



Click to go to the dashboard

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Main Dashboard – Post Login



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Inbox Message

- Entry point
- Steps to view inbox messages

Entry Point Inbox Messages

ALL	OUR WHAT ABOUT Products Matters Aia	HELP & Support My Aia			• • • • • • • • • • • • • • • • • • •	-> Tap on the be
		Welcome t	back, Chee Wui Keng			
	PAY ONLINE		TEWARDS	MY PLANS & CLAIMS		
	Last Login: 12 Nov 2020 11:22					
	9 Individual Plans	N/A Employee Benefits	ts GUARANTEE / REFERRAL LETTER			
	FINANCIAL HEALTH CH	ECK				
			YOUR COVERAGE	PEOPLE-LIKE-YOU AT AIA		
			Life RM 600,000			
	1		Medical RM 0	0		
	Continue from whe Finar	re you left off to understand your ncial Health Status.	Accident RM 50,000	0		
	CONTINUE	VIEW COVERAGE SUMMARY	Critical Illness RM 0	0	-	

View Inbox Messages

41F	OUR WHAT ABOUT Products Matters Aia	HELP & Support My Aia				🚺 Q 💊	*
		Welcome	e back, Chee Wui Keng		🗟 GENERAL	8	Message counterThe counter
	🤒 PAY ONLINE	MAIA VITALITY	rewards	🚺 MY PLANS & CLA	MY POLICY UPDATES		indicates how
					MY CLAIMS & BILLS		messages you
	Last Login: 12 Nov 2020 11:22			SUBMIT CLAIN	MY PAYMENT		have in each
	9 Individual	N/A Employee		GUARANTEE / REFERRAL LET	MY STATEMENTS & LETTERS		message category
	Plans	Benefits	-	TRANSACTION	V AIA VITALITY		
	FINANCIAL HEALTH CH	ECK					

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View Inbox Messages



View Message Details

× CLOSE

REMOVE

06 Nov 2020 | 02:48PM You've completed the Financial Health Check!

Great! Understanding your protection needs is the first step to ensuring you are adequately covered. For more details, we recommend that you review your results with your Life Planner and retake the Financial Health Check assessment whenever you achieve another milestone in life to ensure your protection needs are met. Due to overwhelming response, our 10,000 vouchers have been fully redeemed. But we still have something special for you! Every 5th customer who completes the assessment will be rewarded with a RM10 TnG e-Wallet credit. We are now validating your eligibility for the reward. Once it is confirmed, you will be notified within 5 days via a MyAIA App Notification.

VIEW MESSAGES DETAILS – FOR APP ONLY PAGES

← DASHBOARD				
ALL IN ON Life Lagi I app to ma	YOUR WELL BEING N IE APP Better with the new My AIA app. Downlo nage all your well being needs with a to	EEDS, ALL ad the new My AIA such of a button.		Prompt to download My AIA App to access App Only Module Example: AIA Vitality Rewards, E-Cards Listing page etc.
Good	le Play D App Store	AppGallery		details)



³ Customer Portal: Employee Benefits

Steps to view policy details

Introduction

For customers' convenience, they can choose to view the details of their Employee Benefits online by following the simple steps as explained below.

Page Flow



Step 1: Login



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Step 2: View Dashboard



Step 3: View Mega Menu



FINANCIAL HEALTH CHECK

FINANCIAL HEALTH COVERAGE

17 AI⁴

Step 4: View All Plans



Step 5: View EB Plans



VIEW ALL POLICIES



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Step 6: View EB Policy Details



	PREFERRED CA	RE POLICY								
	Person Covered MYAIA TESTING ONE	Policy No. 30002496 Policy Effective Date 01 Jan 2021		Staff/Employee No. N/A Company Name MYAIA-PUSH NOTIFIC TESTING	ATIONS					
WHO IS CO	OVERED IN MY POLICY					^				
EMPLOYEI	EDETAILS									
	TESTING ONE	Identification No. 760813101122	Date of Birth 13 AUG 1976	VI	EW DETAILS >)→	Se	lect V	iew De	tails

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Step 7: View EB Policy Details ~ More Details



MYAIA TESTING ONE

EMPLOYEE

Dental Consultation

Select Benefit to View Details DENTAL BENEFIT Individual Limit For Total Amount Used Applicable To RM 800 /YEAR **RM 0.00 USED** EMPLOYEE VIEW DETAILS > **BENEFIT DETAILS** All the benefit covered for Dental Benefit, subject to the balance of your Coverage Amount. Additional Tooth Extracted Covered as per policy terms and conditions. Complex Treatment Covered as per policy terms and conditions. Crown/ Cap Covered as per policy terms and conditions. AIA



Individual Policy Details

- Steps for Registration
- Steps For First Time Login
- Main Dashboard

Welcome to MY AIA



<u>Note</u>

All policy roles (Owner, Insured, Covered Member, Payor) can register as MY AIA user. However, some information / pages are accessible based on policy role(s) of the policy.

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[AIA – INTERNAL]

Step 1. Register for MY AIA



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Step 2. Create your My AIA profile

	OUR Products	AIA VITALITY	WHAT MATTERS	ABOUT Ala	HELP & Support	MY AIA			٩	¢
← MY AIA										
						<u>c_</u>	9 <u> </u>			
				Next L	Jp!					
				CREAT Use this Id	E YOUR US	SER ID	future.			
				Regis	ster as					
				Indiv	idual					
				Polic Mem	y/Certificate/Acc bership Number	count/				
				PAOO	00120					
				NRIC	15035993					_
				7500	10020772					
				User ID						
				Enter	user ID			0		
				-			-			
			1	Passwor	d		Sh	ow Password		
				Enter	password			0		
				Your pass	word must					
				Have at Contain	Lieast 9 characte h uppercase letter	rs with no space rs (A-Z), lowercase lett	ers (a-z), numbers (0-9) and s	pecial		
				NOT co	ters (eg.:()\$/::/)	@(#%*_) haracter sequence (eq:	Abc/123)			\geq
				• NOT co	ntain repeating c	haracters (eg: aaa/11)	1)			
				 NOT co 	ntain your User II	D				
				E-mail a	ddress					
				Enter	email			0		
				🗌 I ha	ive read and a	gree to AIA's Terms	of Use.			
				lag	ree to the mar	rketing consent sta	tement.			
				_						
					PREVIOL	JS				

Create your Online Profile and click Next.

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Step 3. Mobile Number Verification



If the registered mobile number is incorrect, Click on the <u>here</u> hyperlink to edit your mobile number. (Step 3A)

Verify if the registered mobile number is correct for you to receive the 6-digit verification code.

Then, key in OTP.

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Step 3A. Mobile Number Verification

MOBILE NUMBER VERIFICATION

Please answer the following questions to proceed with your mobile number registration.

Verification question 1

What is your payment frequency? i.e. monthly, quarterly, semi annually, annually or one time



Verification question 2

Please provide policy owner's identification number for verification.

Enter answer



Answer the 2 verification questions correctly:

1. The payment frequency of the policy used for this registration

Key in

2.Owner identification number that is required for verification

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Step 3A. Add Your Mobile Number



Step 3A. CRS & FATCA Declaration



Step 3 Verify Identity



Almost There... WE JUST NEED TO MAKE SURE IT'S YOU! We've sent a 6-digit OTP to your mobile number.

+6010XXXX689

If this is not your number, please check here to change.



Confirming information. Verify if the registered mobile number is correct for you to receive the 6-digit verification code. Key in OTP and click Next. Note: The OTP will be sent to your new mobile number and a notification will be sent to your old mobile number.

For owner role only, the contact details will be updated on their respective individual policies + MY AIA profile. Other than owner role, the contact details will be updated on the MY AIA profile only

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Step 4. Confirmation Page



LOGIN

Registration is successful. You can now log in to your account.

You will receive an email on your successful registration.

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Step 1. Login Page

OUR Products	AIA VITALITY	WHAT MATTERS	ABOUT AIA	HELP & Support	MY AIA				۹ د
			W	ELCO	ME TO	MY A	IA		
			User I	D					
			Passw	ord					
			Forgot	·····	vord?			-	Enter user id & password, click Login
					LOGIN				
					New user? <u>Register hen</u>	<u>e</u>			
			A	LEARS HOW TO RE	ONSTER		£		

<u>Note</u>

All policy roles (Owner, Insured, Covered Member, Payor) can register as MY AIA user. However, some information/pages are accessible based on policy role(s) of the policy.

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Step 2. Verify Details

RA TA	OUR Products	aia Vitality	WHAT MATTERS	ABOUT AIA	HELP & Support	MY AIA	
				Та	YO help us serve y	UR CONTACT DETAILS ou better, kindly verify your contact details below.	
				Name			
				Email Mobile Num	ber		Verify Contact Details
			C	EDIT MY CONTAC Kingly note th life policies w	TOETAILS hat your email an there you are the	id mobile number will be updated and applied to individual policy owner.	Click here to add/edit if contact details are incorrect and proceed to Step 3
				I have read a	and agree to M	IV AIA's Terms of Use.	If contact details correct, click Next to complete this & progress to the main dashboar

Step 3. Edit Details



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Step 4. CRS & FATCA Declaration



Step 4. Verify Identity

QIA AIP	OUR PRODUCTS	AIA VITALITY	WHAT MATTERS	ABOUT	HELP & Support	PTY AIA	• • •
			You a	tre required to	a enter the 6-di	VERIFICATION git verification code sent to your registered mobile number +6014XXXX782	
					If this is not yo You can	VERIFY 02:52 mins re-send the code after 3 minutes	 Type in OTP, click verify and Next. Note: The OTP will be sent to your in
				×	I agree to My	AIA's terms of use and privacy statement.	mobile number and a notification w sent to your old mobile number.
Steps For First Time Login

Step 5. Confirmation Page



<u>Note</u>:

- 1) For owner role only, the contact details will be updated into their respective individual policies besides MY AIA profile
- 2) Other than owner role, the contact details will only be updated into MY AIA profile
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Main Dashboard



All the policy roles

dashboard

(Owner, Insured, Covered

Member, Payor) can view

all the info in the main

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[AIA – INTERNAL]

Main Dashboard - View Policy Count

A	OUR WHAT ABOUT Products matters aia	T HELP & Support My Aia			• م ن
		Welcome I	back,		
	🤒 PAY ONLINE	VITALITY	REWARDS	MY PLANS & CLAIMS	
	Last Login: 12 Nov 2020 11:22 9 Individual Plans	N/A Employee Benefits	V JOIN AIA VITALITY	SUBMIT CLAIMS GUARANTEE / REFERRAL LETTER TRANSACTION HISTORY	
	FINANCIAL HEALTH O	CHECK			
			VOUR COVERAGE	PEOPLE-LIKE-YOU AT AIA	
			Medical RM 0	8	
	Continue from w Fin	nere you left off to understand your nancial Health Status. VIEW COVERAGE SUMMARY	Accident RM 50,000	0	

All the policy roles able to view their in-force individual policy count & click to view policy summary cards

My Plans & Claims

<u>Note</u>:

Access to the Individual policy modules is based on your policy role

- Only owner role has full access to all the modules
- Other than owner role has limited access to the individual policy modules



My Plans & Claims – View "Good To Know"

GOOD TO KNOW - YOUR POLICY ROLE EXPLAINED	^
Policy Owner	
The person effecting / who has ownership rights in this Policy/Certificate.	
Contingent Owner	
The person named in the application form or appointed by the Policy Owner who wiill become the Policy Owner if the Policy Owner dies before the Insure	ed.
Payor	
A person or entity that pays the necessary premium to keep the policy in force.	Note:
Insured	All policy roles (Owner, Insu
The person whose life is being covered against the risk under the policy.	Covered Member Pavor) o
Covered Member	view "Cood To Know"
A person who is eligible for medical benefits covered under a health plan.	VIEW GOOD TO KNOW
Correspondence	
Address in our records for AIA to send or deliver correspondences to you.	
Nominee	
A person who receives the benefit in case of death of the insured.	
Authorised Person	
Person assigned by the policy owner to act on behalf.	
Beneficial Owner	
Individual(s) who ultimately owns or controls a customer and/or the individual on whose behalf a transaction is being conducted. It also includes those	

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[AIA – INTERNAL]

VIEW "View all Policies"

VIEW ALL POLICIES

All the policy roles can filter the policy based on the policy status (Inforced, Lapsed, other status)



AIA

Policy Card Details Based On Policy Role

AIP	OUR Products	AIA VITALITY	WHAT MATTERS	ABOUT AIA	HELP & SUPPORT	MY AIA		🔹 a 💊
× CLOSE								Noto:
	VIEW	ALL POL	ICIES					Only owner, insured and covered
	FILTER Policy	BY Status		ADVAN Insured	ICED FILTER		CLEAR ALL	member (for medical plan/rider only)
	ALL		•	ALL			•	roles can click on policy card and go t
Role: Owner		Ins	ured				Covered Member	Payor
A-Life Signature Life Protection POLICY OWNER INSURED PAYOR CORRESPONDENC Policy No.: Status: In force Premium Paying Premium Due Date: 06 Nov 2019 Premium Due Amount: RM 8,434.58 Coverage Amount: RM 500,000.00	2 >	Po Sti Pr Co	A-Li Life Pro INSUR Licy No.: atus: In force I emium Due Da emium Due Ar verage Amour sured:	fe Sigr otection RED Premium P ate: 01 Aug mount: RM nt: RM 500	Paying g 2019 1 8,371.80 0,000.00	>	A-LifeLink Staff Life Protection COVERED MEMBER Policy No.: Status: In force Premium Paying Insured: Covered Member:	PB Smart Elite Life Protection PAYOR Policy No. Status: In Force Single Premium Premium Due Date: 05 Aug 2116 Premium Due Amount: RM 0.00 Insured:
Insured:							*Will show Annual Medical Limit Balance and Lifetime Limit Balance (if applicable) if it's medical plan*	

Policy info displayed in the policy card is based on your role for that particular policy. Only owner role has full access to the policy details.

Policy Card Details Based On Policy Role

Role : Covered Member + Payor

	MediPlus
	Medical Protection
	POLICY OWNER INSURED
	PAYOR COVERED MEMBER
	CORRESPONDENCE TRUSTEE
Policy 1	4o.
Status:	In force Premium Paying
Premiu	m Due Date: 28 Oct 2021
Premiu	m Due Amount: RM 4,196.50
Annual	Medical Limit Balance: RM 110,000.00
Lifetim	e Limit Balance: RM 261,138.28
Incurat	e .
11124111212	
in sures	

Will show Annual Medical Limit Balance and Lifetime Limit Balance (if applicable) if it's medical plan

Policy info displayed in the policy card is based on your role for that particular policy. Only owner role has full access to the policy details.

policy info details MY INVESTMENT PORTFOLIO ← MY PLANS - INDIVIDUAL A-LifeLink Total investment-linked fund value Life Protection RM 10,589.00 UPDATE PAYMENT DETAILS Policy No. AIA DANA BON Coverage Amount RM 204,000.00 Premium Due Date INVESTMENT DETAILS **VIEW DETAILS** 27 JAN 2016 IN FORCE PREMIUM PAYIN Premium Due Amount **6** SUSTAINABILITY INFO RM 500.00 (Inc. Govt. Tax RM 0.00) 100.00% Payment Frequency MONTHLY Payment Method DIRECT DEBIT Insured **CLIENT DETAILS** Coverage Period FROM 27 JUL 2013 - 27 JUL 2072 INSURED COVERED MEMBER Auto Extension Coverage Term Indicator 0 N/A CORRESPONDENCE PAYOR POLICY OWNER WHAT DOES IT COVER? EDIT . Identification No. Email Address SPOUSE ADDRESS 51000 MAL ALL1 A-LifeLink IN FORCE PREMIUM PAYIN Mobile No. Office No. Home No. Effective Date Expiry Date N/A N/A Coverage Amount 27 JUL 2072 27 JUL 2013 RM 204,000.00 Premium Premium Cease Date 🕕 **MY LIFE PLANNER** RM 400.00 27 JUL 2072 Agent ID Contact details

Note:

Owner have full access to

~

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View Policy Details – Owner Role

View Policy Details (Medical plan) – Owner Role

Note: Owner have full access to policy info details



View Policy Details – Insured Role



ALL1 A-LifeLink		IN FORCE PREMIUM PRVI
Coverage Amount RM 204,000.00	Effective Date 27 JUL 2013	Expiry Date 27 JUL 2072
	Premium	Premium Cease Date 🕕

Note:

Insured have limited access in policy info details

View Policy Details (Medical plan) – Insured Role

A WHAT Tality Matters about aia my aia		WHAT DOES IT COVER?	Dropdown to view i	fhave
POLICY	Y DETAILS	TKF A-LIFE MED REGULAR-i	more than one cove member	
TKF A-LIFE MED REGULA Medical Protection My Annual Medical Limit Balance RM 125,000.00 *Your balance amount will be valid until 30 Jul 2022 *Your balance amount will be valid until 30 Jul 2022 *Your balance amount will be valid until 30 Jul 2022	AR-i Certificate No. Contribution Due Date 30 NOV 2033 Contribution Due Amount RM 622.00 (Inc. Govt. Tax RM 0.00) Insured	My Annual Medical Limit Balance 125,000.00 * Your balance amount will be valid until 30 Jul 202 Total Annual Medical Limit RM 125,000.00 Utilised Annual Medical Limit RM 0.00	Effective Date 31 JUL 2014 Contribution RM 622.00 Hospital Room and Board	Expiry Date 31 JUL 2079 Contribution Cease Date 31 JUL 2079 RM 200.00
The annual medical and lifetime limit balance stated are accurate at the point of claims settlement. However, it may vary should there be any other claims or adjustment of claim in progress. If you require an up-to-date limit balance, you may contact our Careline at 1300-88-1899 (AIA Bhd.) or 1300-88-8922 (AIA PUBLIC Takaful Bhd.)	Coverage Period FROM 31 JUL 2014 - 31 JUL 2079 Auto Extension Coverage Term Indicator • N/A	<u>Note:</u> Insured have lir	mited access in	

policy info details

View Policy Details – Covered Member Role

HOW TO OUR ALA WHAT GUIDES PRODUCTS VITALITY MATTERS ABOUT AL	NY AIA	 • 9 (%)
← MY PLANS - INDIVIDUAL		
	POLICY DETAILS	
	A-LifeLink Life Protection Policy No. WHAT DOES IT COVER? APM1 A-Plus Med Insured / Covered Member	Note: Covered member can access to own medical rider details only (Annual Limit and
	My Annual Medical Limit Balance Hospital Room and Board RM 150.00 "Increased annual Medical Limit RM 110,000.00 Limit RM 7,520.00 Model annual Medical Limit RM 7,520.00 Model annual Medical Limit RM 7,520.00	Lifetime limit (if any)).

View Transaction History

← MY PAYMENTS			
	TRANSACTI Payment History	ON HISTORY Online Payment	
	Select a policy	Select the transaction year 2018	
	AMOUNT PAID: RM 15,700.00 Payment Applied to Premium A-LIFE SIGNATURE BEYOND	Transaction date: 09-Mar-2018	
	Policy Number : Person covered	Due Date: 09-Mar-2018 Due amount: RM 15,700.00	

Note:

Both owner and payor roles can click and view payment history and online payment in transaction history page

View Rider Details - Health Wallet

ured / Covered Member			
			•
	Effective Date	Expiry Date	
My Annual Medical Limit Balance	19 JUN 2022	19 JUL 2085	
1,700,000.00			
* Your balance amount will be valid until 18 Jul 2022	Premium	Premium Cease Date 0	
otal Annual Medical Limit	RM 0.00	19 JUL 2085	
RM 1,700,000.00			
	Hospital Room and Board	RM 600 00	-
Jtilised Annual Medical Limit			
RM 0.00			
	Deductible Amount	RM 0.00	-
+b			
The annual medical and infetime limit balance stated are accurate at the point of claims settlement. However, it may vary should there be any other claims or adjustment of claim in properts. If you require an up-to-date lim			
balance, you may contact our Careline at 1300-88-1899 (AIA Bhd.) or 130 88-8922 (AIA PUBLIC Takaful Bhd.)	0-		
	_		
	 At Policy D 	etails page, scroll	down to the
	details, clic	k to view your He	eaith Wallet
	Only owner	role can view He	alth Wallet
	only owner		
	details.		

View My Health Wallet Details

	OUR PRODUCTS	WHAT MATTERS	ABOUT AIA	HELP & Support	MY ALA				
					HEA YOUR H RM	LTH WALLET EALTH WALLET AMOUNT* 600.00	Total Amount Earned RM 2,000.00	Total Amount Used RM 1,400.00	
					"An amount with up to a total of WHAT ARE	be credited to your Health Wallet at the end of the D times.	e rider year provided that no claims have	VIEW TRANSACTION HISTORY	
					¥	PREVENTION BENEFIT 1. Health Screening 2. Vaccination (age 16 and above) for flu, Hepat Pneumocaccal You may use up to RM300 every year. Nete: This benefit is not applicable for Plan 156	itis B. HPV, Shingles and	Total Amount Used RM 0.00	⇒ Sc He
					<u>dh</u>	SPECIAL CARE BENEFIT The total amount evailable in your Health Waller 1. Congenital Conditions 2. Elective/Plastic/Cosmetic surgery due to acci- Nete: This benefit is not applicable for Plan 156	t can be used to pay for the following ident or cancer.	Total Amount Used	3
AIA confidential a	nd proprietar	ry informatic	on. Not for di	stribution.	¥	RECOVERY AND SUPPORT BENEFIT Mobility and Hearing Support The total amount available in your Health Waller prosthetics as stated below: 1. Artificial limb 2. Hearing aid Recovery Care	t can also be used to pay for external	Total Amount Used RM 0.00	3

croll down to view your ealth Wallet benefits

View Rider Details – My Health Rewards

IEW SHIUN WEI			•
My Annual Medical Limit Balance	Effective Date 19 JUN 2022	Expiry Date 19 JUL 2085	
* Your balance amount will be valid until 18 Jul 2022	Premium RM 0.00	Premium Cease Date 0	
al Annual Medical Limit 1 1,700,000.00		177022000	
ilised Annual Medical Limit	Hospital Room and Board	RM 600.00	-
1 0.00	Deductible Amount	RM 0.00	-
ne annual medical and lifetime limit balance stated are accurate at the sint of claims settlement. However, it may vary should there be any other alms or adjustment of claim in progress. If you require an up-to-date limit lance, you may contact our Carellne at 1300-88-1899 (AIA Bhd.) or 1300- 8-8922 (AIA PUBLIC Takaful Bhd.)			
MY HEALTH WALLET > MY HEALTH REWARDS >			

• Only owner role can view Health Rewards details

View My Health Reward Details



View Rider Details - Your AIA Vitality Booster Details



View Rider Details (Owner login) – Annual Medical Limit/ Hospital Room & Board / Deductible Amount



will be display.

View Rider Details (Owner login) – Lifetime Limit

Lifetime Limit Balance and Utilised Lifetime Limit will be _____, displayed.

TAKAFUL SYAMIL - MED (RME2)		IN FORCE CONTRIBUTION PA
Insured / Covered Member		
ANNUAL MEDICAL LIMIT	Effective Date 20 JUL 2017	Expiry Date 20 JUL 2037
My Lifetime Limit Balance RM 354,677.50	Contribution RM 1,217.64	Contribution Cease Date 4
Total Lifetime Limit RM 400,000.00	Medical Benefit Limit RM 0.00	
Utilised Lifetime Limit RM 45,322.50	Hospital Room and Board	RM 120.00
	Deductible Amount	PM 0.00

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View Rider Details (Insured login) – Annual Medical Limit/ Hospital Room & Board / Deductible Amount



- balance, you may contact our Careline at 1300-88-1899 (AIA Bhd.) or 1300-88-8922 (AIA PUBLIC Takaful Bhd.)
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will be display.

View Rider Details (Insured login) – Lifetime Limit



View Rider Details (Covered member login)– Annual Medical Limit & Lifetime Limit

Covered member can view limited information for rider details

APM1 A-Plus Med	as FORCE PROMILER PAYERS	APM1 A-Plus Med	IN FORCE FROM AN INVEST
Insured / Covered Member	20	Insured / Covered Member	+
Policy No. Policy No. Policy No. My Annual Medical Limit Balance RM 75,000.00 "Tor balance amount will be valid until 18 Cer 2022		AMMERIAL PREDICAL LIMIT LIMIT LIMIT My Lifetime Limit Balance RM 142,490.00	Policy No.
Total Annual Medical Limit RM 75,000.00		Total Lifetime Limit RM 200,000.00	
Utilised Annual Medical Limit RM 0.00		RM 57,510.00	
The annual medical and lifetime limit balance stated are accurate at the point of claims settlement. However, it may vary should there be any other claims or adjustment of claim in progress. If your require an up-to-date limit balance, you may contact our Caretime at 1300-88-1899 (Alik Bhd.) or 1300-88-8922 (Alik PUBLIC Takaful Bhd.)		The annual medical and (Retine Smith Salarice stated are accurate at the point of claims settlament. However, it may vary shield there be any other claims in progress. If you require an update limit belance, you may contact our Careline at 1300-88-1899 (RA-Shd.) or 1400-88-1899 (RA-Shd.) or 1400-88-1	

Note:

- 1. For medical benefit which has confinement (per disability) limit feature, coverage amount will be displayed in policy details.
- 2. For medical benefit AAA Care Standard / Deluxe, Excelcare Plus (ECP) / Medicover Plus (MCP), only the Total Annual Medical Limit and Total Lifetime Limit will be displayed.
- 3. If your medical benefit's annual medical limit balance is more than the lifetime limit balance, the annual medical limit balance will reflect the lifetime limit balance.
- 4. Selected Hospital & Surgical medical benefit will only display the total lifetime limit (without utilized and balance limit info).
- 5. Any other medical benefit which do not have annual/lifetime limit feature shall also display coverage amount in policy details.

[AIA – INTERNAL]

View Rider Details – Co-Pay



Upon hospital admission, you will need to pay 10% of the total medical bill and AIA will pay the remaining eligible medical expenses.

- Co-Pay display at the bottom of Hospital Room & Board
- Only owner role can view Co-Pay amount

View Promo Top-up Coverage (where applicable)



View Combined Medical Limit

AIP	OUR Products	AIA VITALITY	WHAT MATTERS	ABOUT Ala	HELP & Support	MY AIA				• a •
← DASHBOARD						M		2M		
					I	NDIVIDU	AL PLANS (5) EMPLOYEE BEN	IEFITS (0)		
					PAY ONLINE		SUBMIT CLAIM 🔯 CLAIMS HISTORY	STATEMENTS & LETTERS	VALL	
			0	PB CI Pro Critical Illness Pi POLICY OWNER PAYDR COP	tector otection INSURED RRESPONDENCE	>	A-Life Med Regular > Medical Protection POLICY OWNER INSURED COVERED MEMBER PAYOR CORRESPONDENCE	A-Life Wealth Care > Life Protection POLICY OWNER INSURED PAYOR CORRESPONDENCE		Combined medical li displayed in policy ca Only owner and insu
		2	Policy No Status: Ir Premium Premium Coverage Insured:	o.: n force Premium n Due Date: 12 M n Due Amount: R e Amount: RM 10	Paying ay 2024 M 1,248.00 10,000.00		Policy No.: Status: In force Premium Paying Premium Due Date: 10 Jan 2020 Premium Due Amount: RM 85.61 Medical Limit/Year: RM 500,000.00	Policy No.: Status: In force Premium Paying Premium Due Date: 09.May 2020 Premium Dife Amount: RM 6,200.00 Coverage Amount: RM 500,000.00 Insured:	>	can view combined r limit in policy card

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View Combined Medical Limit



View Combined Medical Limit

WHAT DOES IT COVER?

sured / Covered Member			
My Annual Medical Limit Balance RM 500,000.00 * Your balance amount will be valid until 23 Jun 2022 MER2 A-LIFE MED REGULAR RM 100,000.00 APH1 A-PLUG HEALTH BOOGTER RM 400,000.00	Effective Date 24 JUN 2020 Premium RM 816.00	Expiry Date 24 JUN 2100 Premium Cease Date 24 JUN 2100	At rider details, only owner and insured roles car view the combir medical limit amount and breakdown
Total Annual Medical Limit RM 500,000.00	- Hospital Room and B	oard RM 150.00	breakdown
Utilised Annual Medical Limit RM 0.00	-		
The annual medical and lifetime limit balance stated are accurate at t point of claims settlement. However, it may vary should there be any o claims or adjustment of claim in progress. If you require an up-to-date balance, you may contact our Careline at 1300-88-1899 (AIA Bhd.) or en energy action pulper Tarlord International Statement (Statement Statement Sta	ihe other e limit 1 300-		

View Current Sum Assured



View Current Sum Assured





- Current sum assured displayed in policy details
- Only owner and insured roles can view current sum assured in policy details

VIEW YOUR NOTIFICATIONS

A I P	OUR WHAT ABOU Products Matters Aia	T HELP & Support my Aia			
		Welcome b	ack, Chee Wui Keng		
	🤒 PAY ONLINE	VITALITY	TEWARDS	MY PLANS & CLAIMS	
	Last Login: 12 Nov 2020 11:22			SUBMIT CLAIMS	
	9 Individual	N/A Employee	V JOIN AIA VITALITY	GUARANTEE / REFERRAL LETTER	
	Plans	Benefits		TRANSACTION HISTORY	
	FINANCIAL HEALTH	CHECK			
			YOUR COVERAGE	PEOPLE-LIKE-YOU AT AIA	
		ETAVL	Life RM 600,000		
			Medical RM 0	8	
	Continue from v Fi	where you left off to understand your inancial Health Status.	Accident RM 50,000	0	
	CONTINUE	VIEW COVERAGE SUMMARY	Critical Illness RM 0	8	•

Tap on the bell icon to view notification

VIEW YOUR NOTIFICATIONS

OUR WHAT ABOUT Products Matters Aia	HELP & Support My Aia				i ki î	
	Welcom	e back,		🛃 GENERAL 🛛 🔳		
🤒 PAY ONLINE	V AIA VITALITY	REWARDS	MY PLANS & CLA	MY POLICY UPDATES		
				MY CLAIMS & BILLS		Tap to view push
Last Login: 12 Nov 2020 11:22			SUBMIT CLAIN	MY PAYMENT		notification message
9 Individual	N/A Employee	JOIN AIA VITALITY	GUARANTEE / REFERRAL LET	MY STATEMENTS & LETTERS		
Plans	Benefits					
FINANCIAL HEALTH CH	IECK					

Note:

1. Policy Owner will receive notification messages in all relevant categories, where applicable.

2. Payor, insured or covered member will receive notification messages in selected categories, where applicable.

My Plans & Claims

Other than policy owner role i.e. insured, payor or covered member, you will not be able to access to certain modules & will see the message below informing you that you do not have access to the page.



Note :

- The Pay Online facility is only available for Life Insurance policies & Family Takaful certificates with Inforce Premium Paying & Inforce SVE status as well as AIA Vitality membership fees for Individual & Corporate memberships.
- For Family Takaful certificates, contributions can only be made in advance for up to one (1) year. Any certificates with advance contribution of one (1) year or more will not be able to make further contributions via the Pay Online facility until the advance contribution for the certificate is less than one (1) year.

My Plans & Claims

Other than policy owner role i.e. insured, payor or covered member, you will not be able to access to certain modules & will see the message below informing you that you do not have access to the page.

ALE ALE	OUR Products	aia Vitality	WHAT Matters	about Aia	HELP & Support	MYAIA	🔹 a 📞			
← DASHBOARD										
VIEW STATEMENT										
Policy Statements Home Loan Statements Letters										
	Please select a name Please select year									
	No Records Found Important Note: The A-Save Plus Year End Statement is only available from year 2019 onwards. If you wish to obtain a copy of the Statement prior to year 2019, please e-mail us at My.Customer@aia.com									
In line with AIA's Customer Due Diligence (CDD) procedure, you will be required to submit their personal details and a copy of NRIC / Passport (one time only) when you perform the following transactions:

- Payment for your policy / certificate
- Change your premium / contribution payment frequency
- Edit your contact information

⁷³ AIA confidential and proprietary information. Not for distribution.

Transaction 1: Payment for your policy / certificate

Transaction 2: Change your premium / contribution payment frequency

REAL DAR WHAT ADOUT HELP'S ANA SUPPORT MY ANA CONTRACT OF CONTRACT.	CUR WHAT ABOUT HELP & PRODUCTS MATTERS ANA SUPPORT MY ANA	۹ د
← BASHBOARD	← DASHBOARD	
My Profile My Payments Medical Card Dependent Management Transaction History	My Profile My Payments Medical Card Dependant Management Transaction History	
Overview Make A Payment View Transaction History	Overvjens Mala & Desmant View Tenessation Vietnes	
Search by person covered	Search by person covered e.g. Michael Chong	
PERSON COVERED: CADENCE TAN YU XI		
A-LIFELINK STAFF	PERSON COVERED: CADENCE TAN YU XI	
Premium amount Due Date CHANGE PAYMENT CYCLE 8M 150:00 29-APR-2021 MALAYAN BANKING BHD Payment Cycle X0007:000X X0007:5882 MONTHLY	A-LIFELINK STAFF Premium amount Due Date CHANGE PAYMENT CYCLE RM 150.00 20-APR-2021 MALAYAN BANKING BHD Payment Cycle VPDATE CREDIT CARD	

Transaction 3: Edit your contact information (user flow will be differ, refer slide 99-107)



DEDETE DEPENDENCE The proprior for the prop	× INTRODUCTION		
Visit Visit Visi	IDENTITY VERIFICATION In line with our Customer Due Diligence (CDD) procedure, you are required to si your NRIC / passport (one time only) when you perform Please be informed that you will be directed to an e	bmit your personal details and a copy of this transaction. tternal site to:	Customer Due Diligence - Policy Owner Policy Owner: Tester Sam Policy Payor: Tester Sam Kindly ensure the mobile number for Owner is up-to-date in order to receive verification OTP for CDD.
Kindly make sure you are using a device with camera function before you update your personal info (NRIC/ passport number, gender, date of birth, name, nationality). If your device does not have a camera function or you are facing other issues, please contact your life planner or visit our customer service centres to submit your change manually. <i>Passport No:</i>	Update your personal info Update your personal info Upload your identity document (NRIC/Passport*) "if applicable	Perform OTP verification	* Name: Tester Sam
	Kindly make sure you are using a device with camera function before you upo number, gender, date of birth ,name, nationality). If your device does not have a issues, please contact your life planner or visit our customer service centr PROCEED	ate your personal info (NRIC/ passport camera function or you are facing other is to submit your change manually.	900101051234 Passport No: Please Input * Date of Birth:

Step 1 :

Click "Proceed"

Step 2 :

Policy Owner to verify the Customer Due Diligence info for Policy Owner and Payor. (Note: Update only if applicable)

	AIP	
Address3:		
* Postcode:		
50000		
	Info ×	
Kuala Lumpur	Kindly ensure the mobile number for Owner is updated in order to receive verification OTP for CDD.	
	CANCEL	
* Country:		
MALAYSIA		
	Next	

Step 3:

Alert Message to ensure Owner's mobile number is updated to receive OTP.

OTP Authentication Policy Owner: Tester Sam Mobile No: 0109822689 Previous Mobile No: N/A		
Please Input	RESEND	0:58
	Next	

Step 4:

Key in the OTP (One-Time Password) sent to the Policy Owner's mobile.

IC/Passport Verification		
	We will be requiring front & back photos of the following person(s) IC/Passport:	
Policy Owner: Tester Sam		
Required		
	Next	



Step 4:

Upload NRIC / Passport (one time only) if applicable



Click "Front" to take a picture of the front page of NRIC / Passport

Click "Back" to take a picture of the back page of NRIC / Passport

Protes of Owner's ANIC/Plansport (Pront & back3) will be regured to proceed.	Invit	VERIFICAT Thank you for submitt
Mext		CONTINUE WITH



Step 6:

Click "Delete" if the front / back page of NRIC / Passport is not usable. Note: NRIC / Passport details must be visible and clear. CDD verification is completed!

Continue with your transaction in My AIA.



Submit Service Requests

- Edit Profile (Personal Details, Address, Occupation)
- Change Payment Frequency
- Change Payment Method (Credit/Debit Card)
- Update Direct Credit Instruction (Bank Account for e-Payment)
- Reinstatement

Edit Profile (Personal Details, Address, Occupation)





Click "Service Request", select the policy/certificate to proceed, then click "Next"

AL	OUR Products	AIA WHAT VITALITY MATTERS	ABOUT HELP & Aia support	MYAIA		🔹 a 🖕
			4	Welcome back, Hon Khai Ming		
		 PAY ONLINE		💼 REWARDS 💽 MY PLANS & CLA	UMS SERVICE REQUEST	
		Last Login: 20 Sep 2021 08:38			SUBMIT CLAIMS	
		8 Individual	N/A Employ		GUARANTEE / REFERRAL LETTER	
		Plans	Benefit	ts	TRANSACTION HISTORY	
		FINANCIAL HEALT	TH CHECK			
			Is your current insurar	nce coverage sufficient? Find out by taking our asse	ssment now.	

A		BACK TO MYAIA
PLEASE SELECT 1 POLICY/CERTIF	ICATE TO PROCEED	
O A-LIFELINK Life Insurance Policy No. A12345678 Policy Staus In Force - Premium Paying Owner Name Customer 001 Daver Name Customer 002 Insured Name Customer 002 Premium Amount (RM) 3,600.00 Premium Due Date 12-Dec-2020	Description A-ERRICH WEALTH Savings & Investment Pedicy No. A.12345578 Pedicy Status A. Force - Premium Paying Develop Name Customer 001 Payer Name Customer 002 Parenium Amount (RM) 3.600 Premium Duo Date 12-Dec-2020	
	NEXT	



Select "Edit Profile" and the contact to be edited, then click "Next"

EDIT PROFILE EDIT PERSONAL DETAILS CHANGE OF ADDRESS Please select a contact you would like to ed	CHANGE OF OCCUPATION	^	Policy No. Policy Status Premium Amount (RM) Premium Due Date Payment Frequency WHAT DOES IT COVER?	A12345678 In Force Premium Paying 23,800.000 10 Jan 2020 Monthly + EXPAND	
Customer 001 Policy Owner, Payor, In Customer 001 Policy Owner, Payor, II Customer 0	CHANGE PAYMENT METHOD		Policy Owner Customer 001 Insured Customer 001 Payor Customer 001		
 Change Payment Frequency and Reinstateme Monday - Sunday: 10:00pm - 8:00am 3rd Sunday of the month: All day 	nt Service Request are not available:				

Step 1 Click on Service Request Icon	Step 4Step 5Step 6Step 7Update ProfileUploadSummaryOTPDetailsDocumentsReviewAuthentication
 Update profile details, then click "Next" Personal Details Correspondence Address 	EXT EDIT PROFILE CONTINUES - MOTOR MORE FIR POLICY INMER, MOREES - MOTOR
Residential AddressOccupation	Personal Details Image: Ima
	Rank Rankstand Mathematical Mathematical Dependent Mathematical Mathematical Dependent Mathematical Bender* Exat Alteres Mathematical Farsing Consorting/particulum Mathematical Temperature to the properties that on the properies that on the properies that on the p
	Address F1* Address K2 Address K3 Call Callocal Parameter Gauting* Parameter Ong Boar Ruberins V 31200 V
	Application Application 0 Present offer that symplement advances 0 Present offer that symplement advances 0 Andress IT Advances IT Advances IT 4met T Present symplement advances
	County' Pointedr' Chy Sher' Maryan's v 65/372 v 65/372 v Conception Conception Conception
	Occupation Housing Occupation Nature Of Business * Advertify V Add Testicic Production ADDIN Nature Of Exclusions * ADDIN ADDIN
AIA confidential and proprietary inform ation. Not for distribution.	PECHNOS NEXT

83



Upload the required documents for the change requests, then click "Next"







Review summary details and click "Next", then click "Agree and Submit" after reading the terms & conditions

SUMMARY REVIEW			EXIT	
POLICY INFORMATION Princy No. A1234567	Ptan Name A-GPE INFINITE	Policy Status IN SIRCE PREMIUM NATING	- 10 MR	
EDIT PROFILE POLICY OWNER, INSURED, PAY	R			TERMS & CONDITIONS
Personal Details Pease note that any char	pes made to the personal details will be applied to the exerced policy	and ALL policies/certificates under the customer's NRIC/Pas	sport No.	IMPORTANT Please read these conditions carefully before proceed with the change request submission
Name Costoner 001 Ratio Malay Gender Fenale Home Tiel Na. - - - - - - - - - - - - - - - - - - -	Data stillint 12 Oct 1980 Markets Deveroed Enati Address cations 400 (BotomiLeon Citica Se Na. *	MICO Proppet 1256602223 Mininging Master to Control 00022560		Customer Due Diligence I/We understand and agree that any personal information collected or held by AIA Bhd. / AIA PUBLIC Takaful Bhd. / AIA General Berhad (hereinafter referred to as "AIA") (whether contained in this form or otherwise obtained, including through credit reporting agencies) may be held, used, and disclosed by AIA to individuals/organisations related to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to regulators/authorities, reinsurance companies/ retakatui operators, claims investigation companies, industry associations/referentian or credit reporting agencies) for the purpose of (a) processing this form; (b) providing subsequent service for this; (c) for AIA data matching; (d) to review and advice on my/our coverage with AIA; and (e) for regulatory and/or statutory compliance purposes. I/We understand that I/We have the right to obtain access to and to request correction of any personal information held by AIA concerning me/us. Such request can be made at any of AIA Customer Service Centres or via My AIA. (Note: You can register and download My AIA app to perform the request at your convenience. Visit https://www.aia.com.my/en/myaia-app.html to learn more.) I/We hereby request that this policy/certificate be changed in accordance with the above particulars. I/We understand that I/We understand that AIA will issue a letter, endorsement within, except for changes in method of payment and premium holiday option. I/We agree that any request for changes of dation of benefits shall not take effect by reason of any monies paid or on account of any receipt issued, until the request is approved by an authorised Officer of AIA. Important Note:
AUTOC - Frant NUCC - Frant NUCC 1 part AUTOC 1 part Contact(b) Seriou are required to p	NRIC-Bask NRIC2.pdf			AIA may review and/or update the Privacy Statement from time to time to reflect the changes in law and/or AIA internal policy. For more information on how AIA deals with personal information, please refer to the latest Privacy Statement on our website at www.ala.com.my.
Customer 003 POLICY DAVIDE T Email Address Custo Majoin No. 01017	ver ' otmail.com 44567			DECLINE AGREE & SUBMIT
One Time Password (077)	It be sent via SMS to the negatiened mobile no.	NEXT		



Key in OTP code and click "Verify", then click "Next"

Ð
OTP AUTHENTICATION Please writer the 6-digit OTP code sumt to the contracts below.
POLICY OWNER CUSTOMER 1
✓ OTP NOW OTP LATER
Provide the OTP code now Please enter the 6-digit OTP code sent to phone 6/010/8226/9
42391 VEXITY The cash reguest a new cole after 6225 mins
UIP AUTHENTICATION Please enter the 6-digit 07P code sort to the contacts below.
 POLICY OWNER CUSTOMER 1
✓ OTP NOW OTP LATER
risolad and UTF colle how Please ever the 6-big C07P code sent to phone 60109822689
4-digit CEP Code 482591 Vehicitie
NEXT

Change Payment Frequency





Click "Service Request", select the policy/certificate to proceed, then click "Next"

OUR PRODUCTS	AIA WHAT ABOUT HELP& VITALITY MATTERS AIA SUPPORT MYAIA	💌 a 🖕
	Welcome back, Hon Khai Ming	
	🤒 PAY ONLINE 🕜 AIA VITALITY 💼 REWARDS 🕟 MY PLANS & CLAIMS	SERVICE REQUEST
	Last Login: 20 Sep 2021 08:38	MIT CLAIMS
	8 N/A Join Ala REF	RANTEE / ERRAL LETTER
	Plans Benefits	NSACTION HISTORY
	FINANCIAL HEALTH CHECK	
	Is your current insurance coverage sufficient? Find out by taking our assessment now.	

licy No.	A12345678			
	AL343070	Policy No.	A12345678	
licy Status	In Force - Premium Paying	Policy Status	In Force - Premium Paying	
vner Name	Customer 001	Owner Name	Customer 001	
yor Name	Customer 001	Payor Name	Customer 001	
ured Name	Customer 002	Insured Name	Customer 002	
mium Amount (RM)	3,000.00	Premium Amount (RM)	3,000 12-Dec-2020	



Select "Change Payment Frequency" and Click "Next"

		A-LIFE WEALTH BUILDEN	R	
EDIT PROFILE EDIT PERSONAL DETAILS CHANGE OF ADDRESS	CHANGE OF OCCUPATION	Policy No. Policy Status Premium Amount (RM) Premium Due Date	1234567890 In Force Premium Paying 2,600.00 12 Feb 2023	
CHANGE PAYMENT FREQUENCY	⊘ CHANGE PAYMENT METHOD	Payment Frequency WHAT DOES IT COVER?	Half-Yearly + EXPAND	
 UPDATE DIRECT CREDIT INSTRUCTION Change Payment Frequency and Reinstateme Monday - Sunday: 10:00pm - 8:00am 3rd Sunday of the month: All day 	nt Service Request are not available:	Policy Owner CUSTOMER 1 Insured CUSTOMER 1 Payor CUSTOMER 1		



EDIT PROFILE DETAILS

VERIFY

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[AIA – INTERNAL]



Select the "New Payment Frequency" and click "Next"

Confirm total remittance amount and click "Next"

CHANGE PAYMENT FREQUENC	Y		CHANGE PAYMENT FREQUENCY		
	CHANGE OF PAYMENT REMITTAN FREQUENCY		CHANGE OF PAYMENT REMITTANCE FREQUENCY		
Policy Details Current Payment Frequency HALF-YEARLY	Current Premium Due Date 12 Feb 2023	Current Premium Amount (RM) 2,600.00 Incl. Govf Tax RM 0.00	Premium Remittance For the change of payment frequency to take effect, please remit total outstanding amount below (incl. Govt Tax, if any) and your next premium due date will be 12 Aug 2023 . Total Remittance Amount (RM) 2,600.00		
Select new payment frequency This policy/certificate does not qu (Credit/Debit Card).	ualify for Monthly due to Direct Billing. If you wish to change the	payment frequency, kindly change your payment method to Direct Debit	Incl. bovt fax RM 0.00		
New Payment Frequency ANNUALLY	~				
New Premium Due Date 12 Aug 2023	New Premium Amount (RM) 5,200.00 Incl. Govt Tax RM 0.00				
	PREVIOUS	NEXT	PREVIOUS NEXT		



Review summary details and click "Next", then click "Agree and Submit" after reading the terms & conditions

SUMMARY REVIEW		TERMS & CONDITIONS
POLICY INFORMATION Plats Non Plats Non A1235957 & 4-UTL INFORMATION	- SE MOR Price Sena a FORC MONING	IMPORTANT Please read these conditions carefully before proceed with the change request submission
CHARGE PAYMENT FREQUENCY Current Payment Prequency Current Payment Prequency Mell-Yearly Mell-Yearly Mere Payment Prequency Mere Payment Payment Payment Mere Payment Me	Current Premium Ansaurt (1910) 2,060.00 Res lines function and ansaurt (1910) 5,020.00 Res line function and	Customer Due Diligence I/We understand and agree that any personal information collected or held by AIA Bbd./ AIA PUBLIC Takaful Bbd./ AIA General Bethad (hereinafter referred to as TAIA') (whether contained in this form or otherwise obtained, including through credit reporting agencies) may be held, used, and disclosed by AIA to individuals/organisations related to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to regulatoria/nuthorities, releaved to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to regulatoria/nuthorities, releaved to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to regulatoria/nuthorities, releaved to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to regulatoria/nuthorities, releaved to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to regulatory and/or statutery compliance purposes. We understand that IV we have the refeat to and associated with AIA or any selected third party (We understand that IV we have the request carses to and to request correction of any personal information held by AIA concerning meVus. Such request can be made at any of AIA Customer Service Centres or via My AIA. (Note: You can register and download My AIA app to perform the request at your convenience. Visit https://www.alacom.my/en/myala-app.html to learn more.) I/We hereby request that his policy/certificate be changed in accordnace with the above particulars. I/We understand that AIA will issue a letter, endorsement or e-notification the method scatement for change or addition of benefits shall not take effect by reason d'any monies paid or on account of any neceipita su
AUTERTICATION Contract(s) below are sequented to provide auto-instantication for this submittantication Contraction Con		Change Payment Frequency Declaration And Authorisation I/We understand and agree that any personal information collected or held by AIA Bhd. / AIA PUBLIC Takaful Bhd. / AIA General Berhad (hereinafter referred to as "AIA") (whether contained in this form or otherwise obtained, including through credit reporting agencies) may be held, used, and disclosed by AIA to individuals/organisations related to and associated with AIA or any selected third party (whith or outside of Malyaia, including but not limited to regulators/nuthorities, reinsurance companies/ retakaful operators, claims Investigation companies, industry associations/federations and credit reporting agencies) for the purpose of (a) processing this form; (a) providing subsequent service for this; (c) for AIA data matching; (d) to review and advice on my/our coverage with AIA; and (b) for regulatory ad/or statutory compliance purposes. // We understand that I/ We have the right to obtain a coes so and to request correction of any personal information held by AIA concerning me/us. Such request can be made at any of AIA Customer Service Centres or via My AIA.
ONE TIME PAYMENT Total Change Payment Prequency Outstanding Premium (BM) Indi Gon Tak (BM) Total to be Paid (BM) Total to be Paid (BM)	2,600.00 0.00 2,600.00	(Note: You can register and download My AIA app to perform the request at your convenience. Visit https://www.aia.com.my/en/myaia-app.html to learn more.) I/We hereby request that this policy/certificate be changed in accordance with the above particulars. I/We understand that AIA will issue a letter, endorsement or e-notification to me/us confirming the change has been registered by AIA and it shall from part of the policy/certificate with effect from the date stated within, except for changes in method of payment and premium holding votion. (We agree that any request for change or addition of benefits shall not take effect by reason of any monies paid or on account of any receipt issued, until the request is approved by an authorised Officer of AIA. Important Note: AIA may review and/or update the Privacy Statement from time to time to reflect the changes in law and/or AIA internal policy. For more information on how AIA deals with personal information, please refer to the latest Privacy Statement on our website at www.aia.com.my.



Key in OTP code and click "Verify", then click "Next"

		EXIT	
OTP AUTHENTICATION Please enter the 6-digit OTP code sent to the contacts below.			
POLICY OWNER CUSTOMER 001			
OTP NOW Provide the OTP code now	OTP LATER		
Please enter the 6-digit OTP code sent to phone 60109822689 6-digit OTP Code 194176 VERIFY	can request a new code after 02:15 mins	OTP AUTHENTICATION Plase enter the 6-digit OTP code sent to the contacts below	EXIT
		POLICY OWNER CUSTOMER 001	
		OTP NOW Provide the OTP code now Please enter the 6-digit OTP code sent to phone 60109822689	
	1737	6-digit OTP Code 194176 VERUTED	
		NEXT	

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[AIA – INTERNAL]



Confirm payment amount, check the declaration box and click "Next", then click "Leave" to proceed to payment

ALL		EXIT	•				
	PAYMENT		G Google	Pages - Home 🔗 AIA Cust		Agent login P AIA Portal - UAT P CPF	Admin New
	Amount To Be Paid (RM)			Changes	ite? s you made may not be saved.		
	4124801A02 2,600.00			PAYMENT	Leave Cancel		
	Total to be Paid (RM) 2,600.00 Incl: Gort Tax 6 Stamp Duty (If any)			Amount To Be Paid (RM)			
	Payment Option Credit Card			4124861A02		2,600.00	
	WITH SUMMARY >			Total to be Paid (RM) Incl. Govt Tax & Stamp Duty (if any)		2,600.00	
	Declaration O Thereby acknowledge that I am the named Policy Owner/Payor/Contributor of the above Policies/Certificates.			Payment Option		Credit Card	
				VIEW SUMMARY >			
	NEXT			Declaration I hereby acknowledge that I am the named Policy Dwne	ser/Payor/Contributor of the above Policies/Certificates.		
					NEXT		



Key in credit card details and check the 2 boxes to proceed with pre-authorization of credit card, then click "OK"

Key in the OTP sent to the registered mobile

Managed favorites G Google	e The Pages - Home State Ala Cust payment.ipay88.com.my says Confirm pre-authorize on your credit Payment Summary Total Amount Payment To Reference NovPayment ID Description	Agent ic it card?	ogin (AIA Portal - UAT (CPF Admin New)	
	Timeout i	in : 03:48		
1	Credit Card Number	Name on Card		THANK YOU
	Evolution	cvc/cv/2/01	Maybank VISA	The payment is successful and your respect is submitted.
	9 * 2025 *	***	Complete this purchase	Amount Next BM2,660.00 Reference No MYEVA0000070613
	Card Issuing Bank Public Bank	Card Issuing Country Malaysia	Enter the One-Time MSOS Code sent to your registered mobile +6012xxx3966 in 04min.58sec.	You may close this breaser.
	Other Card Issuing Bank (optional)		Merchant Name : MYAIA	
	I authorize AIA BHD to debit the above net charges from my credit card I have read and agree to IPav88 Privacy Statement		Amount : MYR 1.00 Date : 18 Aug 2022	
	Note: "AIA Bhd" will be shown on your credit card statement Amount: 1.00 will be used for pre-authorization on the credit card. Your credit card will not be c CANCEL	charge/capture. PROCEED	Maybank Card Number : 000X 000X 000X 8580 MSOS Code : Cancel Resend Code Submit	Service request is submitted successfully!
			Please contact our Customer Care Hotline at 1300886688 or 603- 7844 3696 (overseas) for assistance.	

Change Payment Method (Credit/Debit Card)





Click "Service Request", select the policy/certificate to proceed, then click "Next"

AL	OUR Products	AIA WHAT VITALITY MATTERS	ABOUT HELP & Aia support	MYAIA		•* c
			w	/elcome back, Hon Khai Ming		
		🤒 PAY ONLINE	VIALITY	REWARDS NY PLANS & CLAIMS	SERVICE REQUEST	
		Last Login: 20 Sep 2021 08:38			submit claims	
		8 Individual	N/A Employee		GUARANTEE / REFERRAL LETTER	
		Plans	Benefits	• VIIALITY	TRANSACTION HISTORY	
		FINANCIAL HEALTH	I CHECK			
			Is your current insuranc	e coverage sufficient? Find out by taking our assessme	nt now.	

Ene moura	nce	Saving	ICH WEALTH Is & Investment	
Policy No. A1	2345678	Policy No.	A12345678	
Policy Status In I	Force - Premium Paying	Policy Status	In Force - Premium Paying	
Owner Name Cu:	stomer 001	Owner Name	Customer 001	
Payor Name Cu:	stomer 001	Payor Name	Customer 001	
Insured Name Cu:	stomer 002	Insured Name	Customer 002	
Premium Amount (RM) 3,6	00.00	Premium Amount (RM)	3,600	
Premium Due Date 12	-Dec-2020	Premium Due Date	12-Dec-2020	



Select "Change Payment Method" and Click "Next"

EDIT PROFILE EDIT PROFILE EDIT PERSONAL DETAILS CHANGE OF ADDRESS CHANGE OF OCCUPATION 	A-LIFE INFINITE Life Protection Policy No. Policy Status In Force Premium Paying Premium Amount (RM) 23.800.00
CHANGE PAYMENT FREQUENCY CHANGE PAYMENT METHOD UPDATE DIRECT CREDIT INSTRUCTION	Premium Due bate 10 Jan 2020 Payment Frequency Monthly WHAT DOES IT COVER? + EXPAND Policy Owner
 Change Payment Frequency and Reinstatement Service Request are not available: Monday - Sunday: 10:00pm - 8:00am 3rd Sunday of the month: All day 	CUSTOMER 1 Insured CUSTOMER 1 Payor CUSTOMER 1
NEXT	



ADMIN

EDIT PROFILE DETAILS VERIFY



Select New Direct debit (Credit/Debit Card) and Click "Next"







Review summary details and click "Next", then click "Agree and Submit" after reading the terms & conditions

			EXIT
SUMMARY REVIEW			
POLICY INFORMATION Policy No. Plan A1224567 4-00	Name E estent	Policy Status In FORCE PREMIUM PAYING	- SEE MORE
CHANCE PAYMENT METHOD New Payment Method New Payment Method (COTO) New Direct Debit (Credit/Debit Card) New Credit/Debit Card Details O You will be directed to update new credit card screen to pro-	ceed with changing payment method.		
UPLOAD DOCUMENTS Uploaded Document POLICY OWNER, INSURED, PAYOR NRIC NRIC - Freet NRIC - Freet NRIC - Freet	NBIC - Back NBIC 2 pot		
AUTHENTICATION Contact(s) below are required to gravide authentication for this Contact(s) Descent with authentication for this Contact(s) Descent with a statistication Descent with a st	submission Annd makila na.		
	CANCEL		

TERMS & CONDITIONS IMPORTANT Customer Due Diligence Change Payment Method





Key in OTP code and click "Verify", then click "Next"

	EXIT
OTP AUTHENTICATION Prease enter the 6-digit OTP code sent to the contacts below.	
POLICY OWNER CUSTOMER 001	
Provide the OTP code now Please enter the 6-digit OTP code sent to phone 60109822689 6-digit OTP Code 339884 VEXIFY Fulcian request a new code after 02:32 mins	FXIT
AIP	OTP AUTHENTICATION Please enter the 6-digit OTP code sent to the contacts below.
	POLICY OWNER CUSTOMER 001
NXT	OTP LATER Provide the OTP code now Presse entrar the 6-digit OTP code sent to phone 60109822689 6-digit OTP code 339886
	NEXT



Key in credit card details and check the 2 boxes to proceed with pre-authorization of credit card, then click "OK"

Key in the OTP sent to the registered mobile

Managed favorites G Google Pages - Home AlA Cust payment.ipay88.com.my says Confirm pre-authorize on your credit card? Payment Summary Total Answet Payment To Revence NoT Revence NoT Revence NoT Revence NoT	Agent login (AlA Portal - UAT (CPF Admin New)	्रि
Timeout in: 03-48 Credit Card Number I ame on Card Exploy Date 9 0 025 0 Card Issuing Bank Codin Lawing Codin Lawing Bank Codin Lawing Ban	a Country Country Country Complete this purchase Enter the One-Time MSOS Code sent to your registered mobile +6012003966 in 04min, 58sec. Merchant Name Merchant Name May Date Date 18 Aug 2022	Transmission of M7222381136864411461747484
	Maybank Card Number : MSOS Code : Cancel Resend Code Submit Please contact our Customer Care Hotline at 130085658 or 603- 78643696 (oversea) for assistance. Submit	Service request is submitted successfully!

Update Direct Credit Instruction (Bank Account for e-Payment)





Click "Service Request", select the policy/certificate to proceed, then click "Next"



Policy No. A Policy Status In Owner Name Co	12345678	Policy No.		
Policy Status In Dwner Name Co	Cores - Dremium Daving		A12345678	
Wher Name Ci	Porce - Premium Paying	Policy Status	In Force - Premium Paying	
	ustomer 001	Owner Name	Customer 001	
'ayor Name Ci	ustomer 001	Payor Name	Customer 001	
nsured Name C	400.00	Dramium Amount (PM)	Customer 002	
remium Amount (RPI) 3,	-Dec-2020	Premium Puto Data	12-Dec-2020	



Select "Update Direct Credit Instruction, then click "Next"

	EXIT
PLEASE SELECT SERVICE REQUEST EDIT PROFILe EDIT PROFILE CHANGE DAYMENT DETAILS CHANGE PAYMENT FREQUENCY CHANGE PAYMENT FREQUENCY UPDATE DIRECT CREDIT INSTRUCTION Change Payment Frequency and Reinstatement Service Request are not available: Monday - Sunday: 10:00pm - 8:00am 3rd Sunday of the month: All day 	<complex-block><complex-block><complex-block></complex-block></complex-block></complex-block>
NEXT	

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[AIA – INTERNAL]



Click "Next" to view Customer Due Diligence (CDD) details

Click on "Edit Profile Details" where required, else Click "Verify" to Proceed





EDIT PROFILE DETAILS VERIFY



Update Bank account details and select other policies (if required), then click "Next"

OF DATE DIRECT CREDIT INSTRUCTION		
Manage Bank Account Details Please update your bank details		
Please ensure that the IC and name displayed an	e the same as the IC and name details for your Bank Account	to avoid any failures in Direct Credit.
Bank Name	Type of Account	Bank Account No.
PUBLIC BANK BERHAD	Saving Account 🗸	
EXCELCARE(TERM TO AGE 70) Alisador Anne: Cantomer 001 Bank Name: Bank Account No: Cantomer 001	EXCELCARE (TERM TO AGE 70) AI23467 AI23467 AI346 Aistrict Aistri Aistri Aistri Aistr	ANNIVERSARY LIFE PLAN Alizades7 Insured Name: Cutomer 001 Bank Name: - Bank Account No: -
Insured Name: Cutomer 001 Bank Name: •		

108 AIA confidential and proprietary information. Not for distribution.
SERVICE REQUEST – Update Direct Credit Instruction



Review summary details and click "Next", then click "Agree and Submit" after reading the terms & conditions

SUMMARY REVIEW				TERMS & CONDITIONS
POLICY INFORMATION			- 521 MINE	IMPORTANT Please read these conditions carefully before proceed with the change request submission
Paley No. A1234567	Plan Name A-LIFE WEALTH BUILDER	Policy Status IN FORCE PREMIUM PAYING		Customer Due Diligence
UPDATE DIRECT CREDIT INSTRUCTION Manage Bank Account Datalis Ministry (BUTE) Direct Datalise Ministry (Bute) Ministry (Bute) M	Type of Account (2010) Saving Account Decision Account Decision Account (1000 19 Add 74) Account	Bark Account No. (10116) 1134547		(We understand and agree that any personal information collected or held by ANA bit. ANA FULLIC Takalul Bit. A AA General Berhad (hereinather refe as "AAL") (whether constrained in his form or otherwise obtained, including through predit reporting agreeting may be held, used, and discussed by ANA to includuals/agrinutations related to and associated with ANA aray sublected thind particity. The information could be and the set and a standard to the takan in interstand to entitize the information of the set and the set and associated with ANA aray sublected thind particity. The information could be and the set
UPLOAD DOCUMENTS Uploaded Document POLICY OWNER, INSURED, PAYOR				I/We agree that All accepts this instruction upon the tillowing conditions: 1. Understand that All relies on the information given by me and lagree to indemnify AlA II it suffers any losses anising from this authorisation. 2. V/We and/are responsible to notify AlA in writing immediately day changes in my/our bank account number. The notice shall take effect on the date of receipt by AlA. 3. This instruction shall remain binding upon me/us until ARIs receipt of my/our written notification to cancel the instruction. 4. AlA reserves the right to levy a reasonable charge on the above instruction. I/We hereby agree that AlA is entitled from time to time to vary such charge curves refit the advent obstruction.
NRIC	NRC - Back			 Any tree(r) imposed by the bank for this service shall be fully borne by me. All reserves the right at any time; Without orien rotes to discontinual interrust withdraw or suscend this service as it deems fit and without assisting any reason whatsomer and AIA to
NHIC'T pdf	NRC2 pdf			be held liable for any loss or damage which may be suffered by me/us as a result of such action by AIA. b. To add, delete or amend any of the above conditions. Such amendments hall become effective on such date as AIA may elect to adopt and the continu of this service by me/us ball constitute myburd accedance of the said amendments.
AUTHENTICATION Contact(s) below are required to provide authentication f	r this submission			c. To issue a maturity cheque directly to me and send it to my correspondence address as per the records of AIA in the event the information provided abo incorrect, incomplete and/or otherwise not possible due to no fault of AIA, to process this request.
Customer 001 Facility of the second s				7. UVe understand and agree that any personal information collected or held by Able (whether contained in this application or otherwise obtained, including through credit reporting agencies) may the held, used, and disclosed by Abla bioinfold/abla/persitations entited to and association MA. Are and addisclosed by Abla bioinfold/abla/persitations entities and any associated third party (within or outside of Malayabi, including put not limited to insurance companies, calami investigation companies and industry association/leferintarion) for the purpose of a goroscining this application; (b) providing subsequent service the truth, and (b) the review and advice on my/our coverage with RA. UVe understand that live have a split to obtain access to and to request correction of any personal information held by All concerning meths. Safety respects and the analy and RAIs Constitution comits.
() One Time Password (0TP) will be sent via SMS to th	e registered mobile no.			deals with personal information, please refer to the latest Privacy Statement on our website at www.ala.com.my. 8. If there are truatees being appointed under Section 23 of Civil Law Act 1956, UVIe must provide a joint account under the names of the truatees.
_	CANCEL	ND(T		

SERVICE REQUEST – Update Direct Credit Instruction



Key in OTP code and click "Verify", then click "Next"

<image/>	ALL	EXIT
CUCTOMER COL CUCTOMER COL CU		OTP AUTHENTICATION Prease error the 6-digit OTP code sent to the contacts below.
Image: control of the con		POLICY OWNER CUSTOMER 001
Please rate to de digt 00 Code sent to general sent code sinter 02.23 wers CENERTICE COLOR DE D		✓ OTP NOW OTP LATER Previde the OTP code new
CP PUTHENTICATION Descent the 4-dig0 OP code sent to the contacts below. PUEND WINER DISTOMER 001 View the OFP code sent to phone (0109822869)		Please enter the 6-digit OTP code sent to phone 6010/822689 6-digit OTP Code 036276 VERIFY 1 u can request a new code after 02.23 mins
410 CDE AUTHENTICATION Present with the ded QIDTP code sent to the contracts below. POLICY WINER CUSTOMER 001 Provide the OTP code sent to ghomes 60109822689 ded git OTP Code sent to ghomes 60109822689	8	
CUSTOMER 001	312	OTP AUTHENTICATION Prease enser the 6-dight OTP code sents to the contacts below:
Provide the OTP code now Provide the OTP code sont to phone 6/0109822689 6-digit OTP Code 036276 V12/076		
4-digit OTP Code 036276 VERUTED		Provide the OTP code mow Please entary the 6-dials OTP code sent to phone 60109825689
		6-dip10TPCode 036276 VERIFIED
		NEXT

Reinstatement





Click "Service Request", select the policy/certificate to proceed, then click "Next"

A A	OUR Products	AIA WHAT VITALITY MATTERS	ABOUT HELP & Aia support	MY AIA		* a s
			v	Velcome back, Customer 001		
		🥮 PAY ONLINE	V AIA VITALITY	REWARDS MY PLANS & CLAIMS	SERVICE REQUEST >	
		Last Login: 20 Sep 2021 08:38			I SUBMIT CLAIMS	
		8 Individual	N/A Employe	JOIN AIA	GUARANTEE / REFERRAL LETTER	
		Plans	Benefit	S VITALITY	TRANSACTION HISTORY	
		FINANCIAL HEALTH	CHECK			
			ls your current insuran	ce coverage sufficient? Find out by taking our assessme	nt now.	

A-LIFE	ELINK surance	Saving	CH WEALTH s & Investment	
olicy No.	A12345678	Policy No.	A12345678	
olicy Status	In Force - Premium Paying	Policy Status	In Force - Premium Paying	
avor Name	Customer 001	Payor Name	Customer 001	
sured Name	Customer 002	Insured Name	Customer 002	
emium Amount (RM)	3,600.00	Premium Amount (RM)	3,600	
emium Due Date	12-Dec-2020	Premium Due Date	12-Dec-2020	



Select "Reinstatement" and click "Next"

PLEASE SELECT SERVICE REQUEST	GROUP HEALTH P	LAN (VOLUNTARY)		
Service Request unavailable at the moment Unavailable due to lapsed status, reinstatement is required 	Policy No. Policy Status Premium Amount (RM) Premium Due Date	A12345678 Lapsed 3,188.08 01 Jan 2023		
EDIT PROFILE	Payment Frequency	Annually		
EDIT PERSONAL DETAILS CHANGE OF ADDRESS CHANGE OF OCCUPATION	WHAT DOES IT COVER?		+ EXPAND	
⊘ CHANGE PAYMENT FREQUENCY O CHANGE PAYMENT METHOD	Policy Owner Customer 001 Insured Customer 001			
⊘ UPDATE DIRECT CREDIT INSTRUCTION	Payor			
	Customer 001			
 Change Payment Frequency and Reinstatement Service Request are not available: Monday - Sunday: 10:00pm - 8:00am 3rd Sunday of the month: All day 	Customer 001			
NEXT				



Click "Next" to view Customer Due Diligence (CDD) details

Click on "Edit Profile Details" where required, else Click "Verify" to Proceed



STOMER DUE DILIGENCE		
IFY POLICY OWNER & PAYOR DETA	ILS	
se verify the details in each section, clic <u>change Form</u> to our nearest AIA Custom	sk the "EDIT PROFILE DETAILS" button if update is required. If ye or Centre	ou wish to change the owner or payor, please submit Request
Personal Details		
lame	NRIC/Passoort	Date of Birth
Customer 001	123456121234	15 Jul 1980
Race	Marital Status	Nationality
Malay	Married	Malaysia
Sender	Email Address	Mobile No.
Male	Customer001@hotmail.com	0101234567
fome Tel No.	Office Tel No.	
Correspondence Address		
Address#1	Address#2	Address#3
Country	Postcode	City, State
Malaysia	40150	SHAH ALAM
Residential Address		
Address#1	Address#2	Address#3
	BUKIT JELUTONG	-
Country	Postcode	City, State
Malaysia	40150	SHAH ALAM
Occupation		
Aviation - Commercial	Pilot & Crew Of Other Airlines Or Private	ABC
Aviation - commerciat	Company - No Special Hazards	005
Nature of Business		
HOU		

EXIT



Step 1 Click on Service Request Icon	Step 2 Select your Policy	Step 3 Select Reinstatement	Step 4 Customer Due Diligence	Step 5 Check Reinstatement Amount	Step 6 Summary Review & OTP Authentication	Step 7 Confirm Payment Amount	Step 8 Complete Card Details & Authentication
---	---------------------------------	-----------------------------------	-------------------------------------	--	--	--	--

Check the reinstatement quotation and click "Next"

AIP		
	REINSTATEMENT	
	Policy Details Lapsed Date 05 Jan 2030	
	Reinstatement Quotation Reinstatement Quotation Date 20 Jan 2023	
	Reinstatement Cost	Amount (RM)
	Outstanding Premium Amount	3,188.08
	Government Tax	191.28
	Total Reinstatement Cost (RM)	3,379.36
	 Reinstatement value quoted are as of 20 Jan 2023. Please note that the requirements stated in the Guidelines are minimum requirements and general guidelines. After our assessment, we may need to documents as and when needed. 	request for further

• All expenses due to medical examinations and other medical reports are to be borne by the Policy/Certificate Owner.





Review summary details and click "Next", then click "Agree and Submit" after reading the terms & conditions

		TERMS & CONDITIONS
POLICY INFORMATION	- 122 MINE	NORTANT
Policy No. Plan Name Policy Status A12245675 (ROUPHEATER PLAN (YOURSARY) LAPSED		IMPORTANT Please read these conditions carefully before proceed with the change request submission
REINSTATEMENT		Customer Due Diligence
Policy Details		I/We understand and agree that any personal information collected or held by AIA Bhd. / AIA PUBLIC Takatul Bhd. / AIA General Berhad (hereinafter referred t
Lapsed Dune 05 Jan 2030		as "AIA") (whether contained in this form or otherwise obtained, including through credit reporting agencies) may be held, used, and disclosed by AIA to individuals/organisations related to and associated with AIA or any selected third party (whithin or outside of Malaysia, including but not limited to
		regulators/authorities, reinsurance companies/ retakaful operators, claims investigation companies, industry associations/rederations and credit reporting agencies) for the purpose of (a) processing this form; (b) providing subsequent service for this; (c) for AIA data matching; (d) to review and advice on my/our
Reinstatement Quotation		coverage with Afx and (e) for regulatory and/or statutory compliance purposes. I/We understand that I/we have the right to obtain access to and to request correction of any nersonal information held by AlA concerning me/us. Such request can be made at any of AlA Customer Service Centres or via My AlA.
20 Jan 2023 3,379.36		(Note: You can content or download Mu did son to notice the request study convenience. Viet https://www.ais.com.mu/an/musia.com.html to layer more
Breakdown Of Reinstatement Cost		(тисе, то чая тернате ано очитном чу нокару го ретоли и в терева и усог сонтелевсе, чая порал и ималасонски селитриа ардолли го теан поле у
Reinstalement Cost	Amount (200	I/We hereby request that this policy/certificate be changed in accordance with the above particulars. I/We understand that AlA will issue a letter, endorsement or e-notification to me/us confirming the change has been registered by AlA and it shall from part of the policy/certificate with effect from the date stated
		within, except for changes in method of payment and premium holiday option. I/We agree that any request for change or addition of benefits shall not take effect by reason of any monies paid or on account of any receipt issued, until the request is approved by an authorised Officer of AIA.
Constanting Premium Amount	4,105.00	Important Note:
Government Tax	191.28	AIA may review and/or update the Privacy Statement from time to time to reflect the changes in law and/or AIA Internal policy. For more information on how AI deals with personal information, please refer to the latest Privacy Statement on our website at www.aia.com.mv.
Total Reinstatement Cost (RM)	3,379.36	
AUTHENTICATION Contact(s) below are required to provide authentication for this submission		Reinstatement
		Declaration And Authorisation
		I/We understand and agree that any personal information collected or held by AIA Bhd. / AIA PUBLIC Takaful Bhd. / AIA General Berhad (hereinater reterred to as 1300°, charbates constrained in this forema catheorized coldurition through condition conscients are backford and and discretional to AIA so.
Email Address Customer 001@hotmail.com Mobie No		individuals/organisations related to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to antion of the second se
0101234567		regulators/authomes, reinsurance companies/ retakutu operators, claims investigation companies, visuadora indice e contracte companies in creati reporting agencies) for the purpose of (a) processing this form; (b) prividing subsequent service for this; (b) for AIA data matching; (d) to review and advice on my/our
One Time Passward (CPP) will be sent via SMS to the registered mobile no.		coverage with any, and (e) for regulately and/statutory computed burges, any enderstand that rive have the regit to dotain access to and to request correction of any personal information held by AIA concerning me/us, Such request can be made at any of AIA Customer Service Centres or via My AIA.
		(Note: You can register and download My AIA app to perform the request at your convenience. Visit https://www.aia.com.my/en/myaia-app.html to learn more.
ONE TIME PAYMENT		I/We hereby request that this policy/certificate be changed in accordance with the above particulars. I/We understand that AIA will issue a letter, endorsemen
		or e-notification to me/us confirming the change has been registered by AiA and it shall from part of the policy/certificate with effect from the date stated within, except for changes in method of payment and premium holiday option. I/Ve agree that any request for change or addition of benefits shall not take
Total Reinstatement Cost (RM)	3,379.36	effect by reason of any monies paid or on account of any receipt issued, until the request is approved by an authorised Officer of AIA.
Incl. Govi Tax (KM)	191.28	Important Note:
Total to be Paid (RM)	3,379.36	Aix may review and/or update the Privacy statement north time to utilize the changes in taw and/or rxix interna poucy, nor more internation on now Ai deals with personal information, please refer to the falser Privacy Statement on our website at www.alacom.my.
No will be directed to our payment platform partner, Pay88 to complete the payment after the submission authentication.		



Key in OTP code and click "Verify", then click "Next"

	EXIT
OTP AUTHENTICATION Please enter the 6-dipt OTP code sent to the contacts below.	
POLICY OWNER TEST GHI MIN AGE OWNER B	
✓ OTP NOW OTP LATER	
Provide the OTP code now Please enter the 6-digit OTP code sent to phone 60109822689	
6-dot 07P Code 823771 VERIFY W can request a new code after 02:20 mins	
	OTP AUTHENTICATION Please enter the 6-digit OTP code sent to the contacts below.
	POLICY OWNER TEST GHI MIN AGE OWNER B
	✓ OTP NOW OTP LATER Provide the OTP code now
NEXT	Please enter the 6-digit OTP code sent to phone 60109822689 6-digit OTP Code
	823771 VERIFIED
	NEXT

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[AIA – INTERNAL]



Confirm payment amount, check the declaration box and click "Next", then click "Leave" to proceed to payment

CALL AND			EXIT					
	PAYMENT							
	Amount To Be Paid (RM)							
	A1234567	3,379.36	Managed favorites G Google	🔹 Pages - Home 🛛 🚳 AIA Cus	st Leave site?	Agent login 🕒 AJA Portal - UA	T CPF Admin New	>
	Total to be Paid (RM) Incl. Gov.Tax & Stamp Duty (If any)	3,379.36			Changes you made may not be saved.			EXIT
	Payment Option	Credit Card		PAYMENT	Leave			
	инизионал >			Amount To Be Paid (RM)				
	Declaration			A1234567		3,379.36		
				Total to be Paid (RM) Incl. Govt Tax & Stamp Duty (if any)		3,379.36		
				Payment Option		Credit Card		
	NEXT			VIEW SUMMARY >				
				Declaration				
				I hereby acknowledge that I am the n	named Policy Owner/Payor/Contributor of the above Policies/Certificates.			
					NEXT			



Key in credit card details and check the 2 boxes to proceed with pre-authorization of credit card, then click "OK"

Key in the OTP sent to the registered mobile

Payment Summary Total Amount Peyment To Reference No/Payment ID Description	OK Cancel Isayi8 Test Account - AIA MYEAD000000 UpdateCreditCard		9
Credit Card Number Expliny Date 9 Card Issuing Bank Public Bank Other Card Issuing Bank (reptional)	Timeout In: 03:48	Maybank V/SA Complete this purchase Enter the One-Time MSOS Code sent to your registered mobile +6012003966 in D4min.58sec. Merchant Name : MYAIA	FUEDDRESS Transmittent of PETERDRESSENCE Statements of Statements of Peterson of Pete
I authorize AIA BHD to debit the above net I authorize AIA BHD to debit the above net I have read and agree to I <u>Burds Privace 80</u> Note: "AIA Bhd" will be shown on your credit ca Amount: 1.00 will be used for pre-authorization	charges from my credit card Attendent on the credit card. Your credit card will not be charge/capture. CANCEL PROCEED	Amount : MYR 1.00 Date : 18 Aug 2022 Maybank Card Number : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Service request is submitted successfully!



Submit Individual Claims

- Submit Claims
- Check Claim History and Status
- Submit Pending Claims

SUBMIT Individual Claim (Dashboard View)



[AIA – INTERNAL]

SUBMIT Individual Claim (My Plans & Claims View)

OUR Products	AIA WHAT VITALITY MATTERS	ABOUT AIA	HELP & Support	MY AIA	• •
		Velcome	back, Wan I	Ling	
🤒 PAY ONLINE			T REWAR	RDS	() MY PLANS & CLAIMS
ast Login: 23 Feb 2021 09:17 3 Individual Plans	N/A Employee Benefits		VITALIT	A Y	SUBMIT CLAIMS GUARANTEE / REFERRAL LETTER TRANSACTION HISTORY
	MY PL	AN.	IS &	CLA	IMS
	INDIVIDUAL PLAI	NS (3)	EM	PLOYEE B	ENEFITS (0)
PAY ONLINE	SUBMIT CL	AIM	CL4	AIMS HISTORY	STATEMENTS & LETTERS

1) Click on "My Plans & Claims"

2) Click "Submit Claims"

SUBMIT Individual Claim (Guideline/Good-To-Know Page)

OUR AIA WHAT ABOUT HELP & ** Products vitality matters aia support my aia	Q C OUR PRODUCTS	AIA VITALITY	WHAT Matters	about Aia	HELP & Support	MY AIA	* Q &
LET'S BEGIN				GOOD	-TO-KN	0W	
"∰" SIMPLE OUIDELINE FOR YOUR CLAIMS SUBMISSION → My Claim Details Claim Type Select claim type ←	ſ	0	VERIF	Y YOUR APF Claim Amou Max Claim A Supporting Kindly ensu you submit required in s	PLICATION int Amount: RM500 Documents re that all docur it online. Please step 2.	(max 3 receipts)	
1) For first time user (on individ claim), click on 'Simple Guideline" on the basic criter and preparation required before submit in a claim	lual ria		R≡	Submit NRI Kindly uploa	C / Passport ad the front view	v of your NRIC/passport	

2) Go through all the guides

SUBMIT Individual Claim (Guideline/Good-To-Know Page)

 NRIC/passport of the policy owner and the insured/covered member.

 Documents Checklist

 Select claim type to identify the required documents.

 KNOW THE REQUIRED DOCUMENTS

 Select claim type to identify the required documents

 Claim Type

 Select claim type

 Select claim type

 Select claim type

 Select claim type

 Hedical

 Accident

 Travel PA

 Health Wallet

2

NRIC/passport of the policy owner and the insured/covered member.

Documents Checklist Select claim type to identify the required documents.

KNOW THE REQUIRED DOCUMENTS

Select claim type to identify the required documents

Claim Type

Medical

Sub Claim Type

Select sub claim type Select sub claim type

Hospitalisation / Day Care Procedure

Outpatient before or after Hospitalisation / Day Care Procedur

Outpatient before or after Hospitalisation / Day Care Pro... 🔻

Required Documents For Medical Claims

- Original Itemised Receipts and Bills
- Medical Information Request in Hospitalisation Claim Form (medical report) OR endorsement from treating doctor on the nature of the illness / accident for each receipt / bill submitted
- Lab / Imaging Reports, Dengue Serology Report, Police Report, Copy of passport or flight details for overseas claim (where applicable)
- Translation (for all non-English / Bahasa Malaysia documents, where applicable)



3)To know the exact documents required for a specific claim that you want to submit, you may select the "Claim Type" and "Sub Claim Type" to go through the checklist

In this example, the "Medical" Claim Type and "Outpatient.." Sub Claim Type is selected.

4) You may select other "Claim Type" and "Sub Claim Type if you would like to learn on those as well

5) Once you are ready to submit, click on "Yes, I'm ready.."

SUBMIT Individual Claim (Let's Begin Page)

LET'S BEGIN

	SIMPLE GUIDELINE FOR YOUR CLAIMS SUBMISSION	•
	My Claim Details Claim Type	
А	Accident	•
	Sub Claim Type	
В	Select sub claim type	•
	Date of Accident / Event / Admission	
С	Select date	
	Insured / Covered Member Name	
D	Please select	•

1) When you are ready to submit, please proceed with the following steps:

- A) Select Claim Type
- **B)** Select Sub Claim Type
- C) Input Date of Event

(Event description will vary according to Claim Type)

D) Select Insured/Covered Member Name

Refer Glossary Page for detailed description on each field.

SUBMIT Individual Claim (Let's Begin Page)

•

Policy No.

0095719A06

Claim Amount

You can submit up to 3 receipts with maximum claim amount of RM 500.

	RM OTHER CURRENCY	
	335	
-		
	02/01/2021	

Add Receipt

have read and agreed to the terms & 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. / AIA PUBLIC / AIA General Berhad or its representative.



1) When you are ready to submit, please proceed with the following steps:

E) Select the Policy No. that you would like to claim on
F) Input the claim amount and date for each receipt. If there is more than 1 receipt, click "Add Receipt" (Take note of the maximum no. of receipt and amount allowed)

Refer Glossary Page for detailed description on each field.

2)After updating the receipt amount and date, please read through the terms and conditions. If you agree, checked the box

3) Click "Begin" to move to the next page.

SUBMIT Individual Claim (Upload The Required Documents)

UPLOAD THE REQUIRED DOCUMENTS

Required Documents For Medical Claims

- 🤣 Original Itemised Receipts and Bills
- Medical Information Request in Hospitalisation Claim Form (medical report) OR endorsement from treating doctor on the nature of the illness / accident for each receipt / bill submitted
- Lab / Imaging Reports, Dengue Serology Report, Police Report, Copy of passport or flight details for overseas claim (where applicable)
- Translation (for all non-English / Bahasa Malaysia documents, where applicable)

PREVIOUS

(medical report) OR endorsement from treating doctor on the nature of the illness / accident for each receipt / bill submitted

- Lab / Imaging Reports, Dengue Serology Report, Police Report, Copy of passport or flight details for overseas claim (where applicable)
- Translation (for all non-English / Bahasa Malaysia documents, where applicable)

Document Upload

You can attach a max. of 15 files (.pdf, .jpg, .png, .jpeg). Total file size cannot exceed 30MB.



- 1) Go through each and every requirement
- 2) Upload all required documents as specified
 - (Take note of the file size and type as well as the no. of files allowed)
- 3) Click "Next"

SUBMIT Individual Claim (Upload NRIC Page)

UPLOAD YOUR NRIC



- 1) Now, upload your NRIC or passport.
- 2) If the Insured/Covered member is a different person, please ensure the Insured/Covered Member's NRIC is uploaded as well. You will not be able to proceed further if no or only 1 NRIC/passport is uploaded.
- 3) "Checked" the acknowledgement once you are satisfied with the attachment and then click "Next".

SUBMIT Individual Claim (Payment Details Page)

MY DETAILS

Payment DetailsBank NameAccount No.BANK OF AMERICA112323

My Details

Customer ID No.	780721145722
Email Address	N/A
Mobile Phone No.	N/A

Kindly ensure that all details are keyed in accurately or you might not receive your claim payment according to your policy. AIA will not be held responsible if the details provided are inaccurate. You may update your email address and mobile phone number in your My Profile page.

PREVIOUS

- 1) Next, select the bank name & input the bank account no that you would like the payment (if any) to be made to you. Do ensure that these info and your ID no. are accurate
- 2) You may read through the note on how your email or mobile phone no. can be updated.
- 3) Once you have verified the info, click "Next"

SUBMIT Individual Claim (Review My Claim Page)

REVIEW MY CLAIM Claim Details EDIT Claim Type Medical Sub Claim Type Outpatient before or after Hospitalisation / Day Care Procedure Date of Accident 03/03/2021 Insured / Covered **BEH YONG JIAN** Member Name Policy No. 0095719A06 Total Claim Amount RM 335 PREVIOUS NEXT

PREVIOUS		NEXT
Mobile Phone No.	N/A	
Email Address	N/A	
Customer ID No.	780721145722	
My Details		
Account No.	112323	
Bank Name	BANK OF AMERICA	
Payment Details		EDIT
Screenshot_2021-02-09-11-4 9	40-54-34_258c016ab852b7ae	6f2d8b733b50a514.jp
E0026786.pdf		
Uploaded NRIC / Pass	port	EDIT
JPEG_example_flower.jpg		
Uploaded Documents		EDIT

- 1) The last step before the claim is submitted is to review all the inputs that you have made from the beginning.
- 2) If there is any correction to be made, click on "Edit" on any particular page that change is required. Thereafter, proceed to go "Next" until you reach this "Review My Claim Page" again
- 3) If there is no further changes is required, you may click "Next"
- 4) The claim will then be submitted to AIA

SUBMIT Individual Claim (Completed Page)





- 1) You will land on the "Completed Page" now. Please take note of the e-Claim Reference No and save it for your future reference
- 2) You may also click "Save a Copy" to download an e-Receipt with details of the claim that you have just submitted.
- 3) Click "Done", once you have captured all required info.

SUBMIT Individual Claim (Push Notification)

OUR Products	AIA VITALITY	WHAT MATTERS	ABOUT Aia	HELP & Support	MY AIA	C
		٧	Velcome	back, Wan L	ing	🗟 GENERAL 🚺
PAY ONLINE	Ø	AIA VITALITY			DS	MY POLICY UPDATES
						MY CLAIMS & BILLS
ngin: 23 Feb 2021 09:17						MY PAYMENT 3
3		N/A Employee				MY STATEMENTS & LETTERS 5
Plans		Benefits		VITALITY		V AIA VITALITY
	Μ	Y CL	AIM	S & B	ILL	S
						1-4 of 4 🔍 🚺 Of 1 📏
.i ms Status Update e've received vour indivi	dual claim <706	1587A07 : 770	003250>)		

- Once your claim has been registered, you will receive a push notification via the "notification bell" -> "My Claims & Bills" that your claim is received by AIA.
- 2) Similarly, whenever there is any change in the status of your claim, you will receive similar push notification

Refer Glossary Page for detailed description on different type of push notification that you may receive.

Claims Menu Glossary – Claim Type, Sub Claim Type

Title	Selection	Description
Claim Type	Medical	Claim on a Medical rider/policy
	Accident	Claim on an Accident rider/policy
	Travel PA	Claim on a Travel PA policy
	Health Wallet	Claim on a Medical rider/policy with health wallet balance/value
Sub Claim Type	Hospitalisation/ Day Care Procedure	Claim for an event due to hospitalisation or outpatient day care surgery/procedure
(Medical)	Outpatient claim before or after Hospitalisation/ Day Care Procedure	Claim for outpatient visit before or after hospitalisation/ day care procedure
	Outpatient Accident Claim	Outpatient claim for an accident event (with no hospitalisation) on a medical rider/policy
Sub Claim Type	Food Poisoning	Event caused by food poisoning
(Accident)	Assault	Event caused by injury sustained from another
	Accidentally Bitten by animals/insects	As it is
	Burns/Cut	As it is
	Motor/Non-motor vehicle accident	Accident caused by a moving vehicle

Claims Menu Glossary – Sub Claim Type

Title	Selection	Description
Sub Claim Type	Accidental Fall	As it is
(Accident)	Ingestion or infiltration of foreign body	Injury caused by accidental swallowing/exposure of objects/chemical in the mouth, eye, ear or nose
	Hit by heavy object	As it is
	Occupational/ industrial accident	Injury at workplace
	Natural Disaster	As it is
	Sports accident	Sudden traumatic injury caused by playing sports (not due to fatigue or muscle ache)
Sub Claim Type	Medical Expenses	Medical expenses incurred during a covered trip
(Travel PA)	Cancellation, Delay or Curtailment of Journey / Loss of Deposit	As it is
	Baggage & Personal Effects (Damage / Delay) / Loss of Money or Travel Documents	As it is

Claims Menu Glossary – Sub Claim Type

Title	Selection	Description
Sub Claim Type	Health Screening / Vaccination	As it is
(Health Wallet)	Congenital Conditions / Plastic or Cosmetic Surgery due to Accident or Cancer	As it is
	Mobility and Hearing Support / Recovery Care for Cancer, Stroke and Heart Attack	As it is
	Mental Health Benefit	As it is
Date of Event	Date of Admission/Procedure (Medical)	Date admitted to hospital/for outpatient surgery
	Date of Accident/Event/Admission (Accident)	Date of accident or event/admission covered under this plan
	Date of Accident/Event (Travel PA)	Date of accident or event covered under this plan
	Date of Procedure/Event (Health Wallet)	Date of outpatient surgery or screening/ vaccination/support purchase/consultation event

Claims Menu Glossary – Others

Title	Description
Insured/ Covered Member Name	The customer in which the claim event is filed upon for this claim submission. Please do not select the owner's name if the claim event does not belong to the owner.
Policy No	Select the relevant policy no. that you would like to make your claim on. If you have selected a claim type which do not match with your policy benefit coverage, the intended policy no. will not appear for selection.
Any empty fields or terms and conditions not acknowledged ($$)	The "next page" button will be dimmed, or you can not proceed to the next page.

SUBMIT Individual Claim (Push Notification)

Title	Description
" We've received your individual claim (PN;CN)	AIA has received and registered your claim
" Your claim request for (PN;CN) requires additional documents."	Your claim is pending. Please submit the required documents for processing. Your claim history will indicate as "In Progress".
"Your individual claim (PN; CN) has been approved"	As it is
"Your individual claim (PN; CN) has been rejected"	As it is

VIEW Individual Claim History

PAY ONLINE AIA VITALITY THE WARDS MY PLANS & CLAIMS INDIVIDUAL PLANS (3) EMPLOYEE BENEFITS (0) AIA VITALITY JOIN AIA MY MY	OUR AIA WHAT ABOUT Products vitality matters aia	IT HELP & SUPPORT MY AIA	• 1	ΜΙΛΙΆ 3 2ΝΛΙΦ ΧΜ
PAY ONLINE A IA VITALITY TREWARDS A IA VITALITY REWARDS INDIVIDUAL PLANS (3) EMPLOYEE BENEFITS (0) A Individual Individual Join Ala Join Ala <td< th=""><th>Welcor</th><th>me back, Wan Ling</th><th></th><th></th></td<>	Welcor	me back, Wan Ling		
3 N/A Individual Employee Join AIA BURANTEE / REFERRAL LETTER PAY ONLINE SUBMIT CLAIM CLAIMS HISTORY & STATEMENTS &	PAY ONLINE ONLINE AIA VITALITY	REWARDS	MY PLANS & CLAIMS	INDIVIDUAL PLANS (3) EMPLOYEE BENEFITS (0)
Plans Benefits	3 N/A Individual Employee Plans Benefits		SUBMIT CLAIMS GUARANTEE / REFERRAL LETTER	PAY ONLINE 😰 SUBMIT CLAIM 😰 CLAIMS HISTORY 🛃 STATEMENTS & LE

Click "My Plans & Claims" -> "Claims History" to view your individual claims history.

VIEW Individual Claim History

MY CLAIMS

Personal Claims Employee Claim

Select a name	Select a year
ZAHARAH BINTI MASTAM 👻	All
	All
	2021
	2020
	2019

ACTIVE CLAIMS	+ EXPAND
PAST CLAIMS	+ EXPAND

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- 1) Ensure that "Personal Claims" is selected (to view Individual Claim History".
- 2) You may filter the "Name" and "Year" or select "All' for both fields as to your interest.

3) "Active Claims" indicate the current claim in processing whilst "Past Claims" will lead you to all previous claims transactions. Click on the relevant "Expand" button to look into the details of each/selected claim to your interest

VIEW Individual Claim History – Claim Details

MEDICAL This claim was received on 30-Dec-2025 IN PROGRESS Click on "Claim Details" to view any claims correspondences Claimed for Certificate number associated with the selected CLAIM DETAILS B T550766933 ZAHARAH BINTI claim. MASTAM MEDICAL This claim was received on 28-Dec-2025 IN PROGRESS Claimed for Certificate number **CLAIM DETAILS** B ZAHARAH BINTI T550766933

- COLLAPSE

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MASTAM

ACTIVE CLAIMS

VIEW Your Individual Claim History – Claim Details Page

ZAHARAH BINTI MASTAM'S CLAIM

Certificate number	Clai
T550766933	C51
Received on	Last
30-DEC-2025	29-

Claim number
C5103876/1
Last updated on
29-DEC-2025

VIEW	CORRESPONDENCE
------	----------------

You may click on "View

Correspondence" to view*

- a) Approval letter and detailed/breakdown settlement of the approved claim
- b) Decline letter for rejected claim
- c) Pending letter for claim requiring further info

* Supported claim type/benefit only

CLAIM STATUS



VIEW Correspondence Documents Page

CORRESPONDENCE DOCUMENTS

CORRESPONDENCE

Click below to download your copy of

25-Jun-2019 ESETTLEMENT TABLE
25-Jun-2019 APPROVAL LETTER
CLOSE

Sample view when you click on "View Correspondence"

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 \times

SUBMIT Pending Claim

ZAHARAH BINTI MASTAM'S CLAIM

Medical claims



1) For claim with "In Progress" Status, you may submit your reply by clicking into the respective claim in Claim History

2) Before you submit your reply, you may also view on the claim documents which you are pending.

3) Once you have gathered all the required documents, you may then click on "Submit Pending Documents" to proceed with submission.

SUBMIT Pending Claim

1-2

SUBMIT PENDING DOCUMENTS

UPLOAD DOCUMENTS

You can attach a max. of 15 files (.pdf, .jpg, .png, .jpeg). Total file size cannot exceed 30MB.



SUBMIT



- 4) Similarly, upload the documents as required and click on "Submit" when you have complete the upload.
- 5) Once this is completed, you will be notified again once the claim is processed.
- 6) Click "Done" to return to the main Dashboard.




- Main Dashboard
- Point Statement
- Health Report

Main Dashboard



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[AIA – INTERNAL]

AIAV Dashboard



Links to open new tab:

• Payment Guide

• FAQ

Terms of Uses

Click on the 'POINTS STATEMENT'

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[AIA – INTERNAL]

Filters, Sorts and Previous Membership Year



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Current / Previous Membership Year

Points Statement C Points Statement Apps AlA Custome	× + uat2.aia.com.my/en/my-aia/my-vitality/dashboard/points-status/points-statement-portal.html rPorta ◊ Log in - AIATS5 JIRA O Customer Service P ◊ Vitality Service Portal 🛞 mybrlaplwis01vs935	ର ନ	- ¤	×	
	R WHAT ABOUT HELP & Doucts Matters ala support wyala		٠	*	
	POINTS STATEMENT			D)isplay by
	Display by Sort by Current Membership Year •	=			Current Membership Year 🝷
	December 2020 7,500 to 12499 steps Physical Activity enter enter	50 pears			Current Membership Year Previous Membership Year
	22-No-0000			Г	ecember 2020
	60 minutes of physical activity at average of 300 calories/hour burned Physical Activity encode and activity 20-Max-2020	100 polyris			
	7,500 to 12499 steps Physical Activity (IN Activity (IN Activity ON Marcola	0 points			
0.5	20 minutes of obsoing all activity at sources of 150 relations from burned		12:24	,	

- Allow member to view his Points Statement of current or previous membership year
- NOT current or previous calendar year

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Current / Previous Membership Year



- Allow member to sort his Points Statement in "Most Recent" or "Earliest"
- Sorting is within the selected membership year.

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Filters



- Allow member to filter by:
 - Main category only
 - Main category + its's subcategories
- Sample Steps:
 - 1. Click on one of the 'CATEGORY'. eg: 'STAY ACTIVE'
 - 2. 'SUB-CATEGORY' will be shown after click on 'CATEGORY'
 - Click on one of the
 'CATEGORY'. eg:
 'REGULAR FITNESS'

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[AIA – INTERNAL]

Filter Result



POINTS STATEMENT shows only STAY ACTIVE + REGULAR FITNESS

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[AIA – INTERNAL]

Health Report

AIP	OUR AIA Products vitality	WHAT MATTERS	ABOUT Aia	HELP & Support	MY AIA						
← DASHBOARD											
	Memb 10 Ma	er Since I r 2020				POINTS STATE	MENT				
		HEALTH REPO A summary of re	RT esults from y	our completed as	sessment.						
	CHECK YOUR HEA STAY ACTIVE EAT WELL REDUCE STRESS	of Total Res	ults	O of Total Results OUT OF RANGE	SLEEPWELL	O of Total Results GOOD	O of Total Results POOR	0 of Total Results FAIR			
				VI	EW DETAILS						
	AIA Vitality Men	bership Payme	nt Guide						>		
	Frequently Aske	d Question (FAQ	2)						>	\uparrow	
HEALT	H REPO	DRT is	sai	new s	sectio	n to :	show	Неа	lth R	eport	

0 51	NECK YOUR HEALTH 8 AV ACTIVE of Tetal Desuits	0 . of Total Desuits	SLEEP WELL	O O C Beesaltes of Tatal Demoitres of San	0 at Results
E) R	ET WELL DUCE STRESS	OUT OF RANGE		(9009) (300	FAIR
See the table l levels.	below for some suggestions on how you c	an improve or cha	inge those health indicators ar	d/or lifestyle factors that fall outside o	of the healthy
(¹), c	HECK YOUR HEALTH	8 0	OUT OF RANGE		~
	Weight		48 (kg)	Healthy goal 47.36 - 63.74 (kg)	
	Waist Circumference		30 (cm)	Healthy goal ==90 (cm)	
	Body Mass Index (BMI)	1	18.8 IH RANDE	Healthy goal \$18.5 - \$24.9	
	Total Cholesterol	4	5.1 (mmol/L)	Healtby goal < 5.2 (mmol/L)	
	Glucose		5.5 (mmol/L)	Healthy goal <7.8 (mmol/L)	
	Blood Pressure	87	120/80	Healthy goal <=120/80	
	Smoking Status	.4	Never Smoked	Healthy goal Non smoker	
	Alcohol	¥	0.0 (Drinks per Day)	Healthy goal ==3 (Drinks per Day)	
	Height	+l	160 (cm)	Healthy goal Unknown (cm)	
	HbA1c Level	L	- (%) (uteosown	Healthy goal = 6 (%)	
📌 s	TAY ACTIVE	0 0	OUT OF RANGE		\sim
🧉 E	AT WELL	0	OUT OF RANGE		~
A R	EDUCE STRESS	0	OUT OF RANGE		~
	- FED WELL	0	6000		~

To view full Health Report

- Show summary of each category
- Expand / collapse by category

summary in AIAV dashboard



Financial Health Check

- What is Financial Health Check
- Getting Started with Assessment
- View Results
- View All Life Stages Profile
- How To Talk to Life Planner

11:42		. il 🔶 I
	ALL ALL	4
Welcome Bacl	. OMAR BIN HA	SSAN
Individual 3	Employee N/A Benefits	Join AIA Vitality
(A)		6 3
VISIT A DOCTOR	SUBMIT CLAIMS	GUARANTEE /
	coverage i	nay need
• YOUR COVERAGE	some atter	nay need ntion. YOU AT AIA
• YOUR COVERAGE	PEOPLE-LIKE-	nay need ntion. YOU AT AIA
VOUR COVERAGE Life 13,600 Medical 0	PEOPLE-LIKE-	nay need ntion. YOU AT AIA
Vour coverage Life 13,600 Medical 0 Accident 40,000	PEOPLE-LIKE-	nay need ntion. rou at AIA
VOUR COVERAGE Life 13,600 Medical 0 Accident 40,000 Critical Illness	PEOPLE-LIKE-	nay need ntion. YOU AT AIA

Financial Health Check (FHC)

FHC is an online assessment that enables individuals to complete a self-assessment on their **financial preparedness to meet major life events** in simple 3 steps:

1 Answering a series of **short questions** about myself



2 Find out more on whether **my coverage** is sufficient & my **life stage profile**



I can choose to **Talk to AIA** to find out more (my latest inforce agent will be displayed at the top)



Financial Health Check – Best Practices (How)



You should complete the FHC at least once a year. Your life stage will change over time and may have different life goals hence will have different insurance needs

The FHC will take no more than 10 minutes and will help you have a clearer picture on your insurance needs



How to start (New Customer)



1.From AIA portal landing page banner, hover to Financial Health Check and click **Get Started Now**. Then click **Take Assessment** to begin

2.If you are an existing customer, you can choose to log in with your My AIA account

How to start (AIA Customer)

1. For existing My AIA users, key in your My AIA User ID and password, then click on the "Login" button

2. Tap the "Review Your Coverage" button to begin the assessment

WELCOME TO MY AIA

User ID

Enter your user ID

Password

Key in your password

Forgot User ID/Password?

An unexpected error has occurred, please try again.

LOGIN AIA ew user? F Welcome back, *********Khxm PAY ONLINE REWARDS AIA VITALITY MY PLANS & CLAIMS SUBMIT CLAIMS **GUARANTEE /** B 2 3 REFERRAL LETTER V OPTS Individual Employee Plans Benefits TRANSACTION HISTORY FINANCIAL HEALTH CHECK YOUR COVERAGE PEOPLE-LIKE-YOU AT AIA Life RM 0 0 Medical RM 150,000 Θ Looks like your Life and Critical Illness coverage may need Accident RM 0 0 some attention VIEW COVERAGE SUMMA Critical Illness RM 0 0 Savings RM 0 Θ AIA confidential and proprietary information. Not for distribution

My Personal Details



2-

1.Fill up your personal details. For existing customers Gender and Age will be pre-populated

2. After completing all fields, tap Next

About My Family

ABOUT ME	MARITAL STATUS & FAMILY Members	MY LIFE STAGE	MY FINANCIAL STATUS	DONE
		MY FAMILY		
SI	NGLE MARRIED	I am currently	WIDOWED	DIVORCED
	How many chil	dren do you have and	how old are they?	
		A⊕ + ADD CHILD		
	PREVIOUS		ITXT	
		NA NA		

3

Select your marital status and add child(s) details, if applicable And then add child(s) age

After completing all fields, tap Next

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Scenarios which concern me most



4

In the next 5 questions, the customers need to Select from a scale of 1 (strongly disagree) to 5 (strongly agree) whether how much each of these scenarios concern you:

Hospitalisation, death/total permanent disability, retirement, accident and critical illness

My Finances



5

Select your monthly income range

My Finances



5

Update the total annual premium spend on your insurance/takaful plans with both AIA & other companies

My Finances



5

Update your insurance/takaful coverage with other companies to get a more accurate view on your total coverage.

After completing all fields, tap **Done**

FHC: Assessment complete! View results now



Do I have sufficient coverage?





Upon completing the FHC, you will be directed to the assessment overview page where you can compare your coverage with "people-like-you-in-AIA".

Areas of concern will be indicated with a 'sad face' emoticon.

This is Me!



Tap **My Profile** to view your life stage profile.

The life stage profile is based on your customer demographic selection (Age, Marital Status and Child's information)

How to save my FHC results?



Tap **Save Results** to download the results in PDF or have the results emailed



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How to share FHC with my Friends?



Tap Share with a friend to share FHC link via Email, FB or WhatsApp



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FHC: Talk to an AIA Life Planner

I want to talk to AIA to find out more



Tap on **Talk to AIA** to arrange a meeting with AIA Life Planner

TALK TO AIA

Select your preferred AIA representative (Life planner/Financial Executive)

TFFW TFOFW KOK

Financial Executive (Public Bank)

enter your contact details below so that we can get in touch with you.

Address

NurulAkmal.Saharil@aia.com

Mobile Number

Select your country code and key in your mobile number using this format: e.g. 122799456.



I want to talk to AIA to find out more

For existing customers, you can tap on Talk to AIA to notify your preferred AIA Life Planner or Public Bank Financial Executive (for Public Bank bancassurance holders) that you would like to meet up for a consultation

For non-AIA customers, you can submit your details and an AIA Life Planner will be assigned to you



PANEL LOCATOR

- Entry point
- View AIA Panel Locator

ENTRY POINT PANEL LOCATOR

185



AIA Panel Locator

VIEW AIA PANEL LOCATOR

Android



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iOS



Activate location

clinic & hospital

current location

Allow to locate panel

within 25KM of your

Tap

VIEW AIA PANEL LOCATOR





KESAS

Google

LISTING VIEW

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022 Google Terms of Use

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LIST VIEW AIA PANEL LOCATOR

13:15 중 ■ ← AIA Panel Locator		13:15	.ıl 🗢 🗖	Tap to go	13:15	.ıl ≎ ■
K BACK TO MAP VIEW		BACK TO MAP VIEW	Q ⑦	back to Map View	BACK TO MAP VIEW	Q (?)
Near Me 👻		Near Me	•		Select Town	•
 Select Town Clinic Clinic 24 Hours Clinic 24 Hours Clinic Hospital Platinum Hospital AIA Customer Centres Ambulatory Care Centre Dental 21-1 Jalan PJU 8/5D Perdana Business Centre Bandar Damansara Perdana Petaling Jaya Selangor AIA MA 0.63 KM Klinik Mutiara Damansara M4 Mezzanine Floor TESCO Mutiara Damansara No 8 Jln PJU 7/4 Petaling Jaya Selangor 	Choose Type of Provider List View Displays - Panel Name - Address - Policy Entitlement - Distance (KM)	Select Town Clinic Clinic Clinic Clinic Clinic Clinic Clinik Dr Onn ClG-05, Empire Damansara Jal Damansara Perdana Selangor AlA AlA Cl Clinik Baiduri Clinik Baiduri Clinik Baiduri Clinik Baiduri Clinik Autara Damansara Clinik Mutiara Damansara	an PJU 8/8 0.09 KM √ Business Centre Petaling Jaya 0.63 KM √ Hutiara Damansara No elangor	Tap for Panel Details	 ♥ Clinic Klinik Dr Onn ♥ LG-05, Empire Damansara Damansara Perdana Selang ♥ 0377311535 ♥ 0400000000000000000000000000000000000	✓ Jalan PJU 8/8 gor 0.09 KM √ r Health Screenings & d all AIA customers. y only health check results in A Vitality points
(AIA) (AIA) 0.71 KM √			0.71 KM ⊄			_

SEARCH VIEW

AIA PANEL LOCATOR



.... 🗢 🗔 13:13 ← AIA Panel Locator List of Q **K** BACK TO MAP VIEW Selangor Select Town All 3 results × Subang Jaya Medical Centre 1, Jalan SS 12/1A Petaling Jaya Selangor 0 AIA AIA AIA 9.93 KM 🗸 V **Beacon Hospital** 0 No. 1, Jalan 215, Seksyen 51 Petaling Jaya Selangor AIA AIA AIA 8.76 KM 🗸 Sunway Medical Centre No. 5, Jalan Lagoon Selatan Bandar Sunway 0 Petaling Jaya Selangor AIA AIA AIA 11.09 KM 🗸

13:17 🗢 🗔 AIA Panel Locator Search Results ← Q ? **K** BACK TO MAP VIEW recommended Near Me providers . based on the Select Town diagnosis -All 15 results **Tap for** information Subang Jaya Medical Centre ~ 0 1, Jalan SS 12/1A Petaling Jaya Selangor of the Panel B 0356391212 https://www.ramsaysimedarby.com/hospitals/sjm Request Guarantee Letter > R≡ AIA AIA AIA 9.94 KM 🗸 PLATINUM HOSPITAL R -2 Deposit Immediate Shorter Exclusive Waiver Savings Waiting Rates Time ROOM RATES Single bed RM 230

SEARCH VIEW

AIA PANEL LOCATOR



DIAGNOSIS						
Ischaemic Heart Disease						
HEALTHCARE PROVIDERS						

DIAGNOSED BODY PART

Heart

LIST OF UIAg
 appears ba
on search t
List of diag
 body part
appears ba

Search Feature

Type in the diagnosis or provider name Select the state List of diagnosis ased

term nosed

ased on search term

13:	16	.11 🗢 🗖
÷ /	AIA Panel Locator	
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Joho	r	
Sele	ct Town	•
All		•
resul	'S	
Pan	tai Hospital Batu Pahat	~
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AIA	AIA AIA	207.74 KM 🗸
Col	umbia Asia Hospital Iskandar Pu	ıteri 🗸
9	Persiaran Afiat Taman Kesihat Johor	an Afiat Nusajaya

🔾 🛛 2, Jalan Medini Utara 4 Medini Iskandar Iskandar

292.93 KM 🗸

296.66 KM 🗸

AIA AIA AIA

Gleneagles Medini

Puteri Johor AIA AIA AIA





Thank you

If you need any technical assistance, please contact our My AIA Careline at **1-800-88-1899**



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