



## New Business Medical Reimbursement Form

To: Finance Department / New Business Underwriting Support Team of AXA AFFIN LIFE INSURANCE BERHAD

POLICY NO : \_\_\_\_\_  
PROPOSED INSURED'S NAME : \_\_\_\_\_  
PROPOSED INSURED'S NRIC : \_\_\_\_\_  
PROPOSED OWNER'S NAME : \_\_\_\_\_  
PROPOSED OWNER'S NRIC : \_\_\_\_\_

I hereby confirm that I have paid the medical check-up expenses on behalf of the Company. Kindly reimburse the cost of the medical expenses as per details of account. The original receipt is attached for your reference. Thank you.

### Payment to:

Agent's Name:		
Agent's Code:		
Agent's NRIC:		
Bank Name:		
Bank Account No:		
Date:		
Total Amount to be reimburse (RM):		

### Type of Medical / Test / Personal attending doctor's report done for application for reimbursement:

Requesting by underwriting team as stated in the query letter:

Listed Under Panel	<input type="checkbox"/> AXA Panel Clinic Name of the Panel Clinic: _____ _____	Kindly indicate the reason why the reimbursement done by agent / sales force: When the medical requirement (s) is /are done with AXA Panel Clinic / Lab / Non AXA Panel Clinic/ Lab.  _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	<input type="checkbox"/> AXA Panel Lab: Gribbles / BP Lab Name of the Panel Lab: _____ _____	
	<input type="checkbox"/> Non AXA Panel Clinic / Lab Name of the Non AXA Panel Clinic/ Lab: _____ _____	
		<b>Note:</b> <i>Please note that all the medical examination / test done report (s) required by the New Business Underwriting Team are required to be performed with our panel clinics. The report (s) and invoice (s) should be send directly by the panel doctors/clinics to the Company.</i>  <i>Please note that AXA will reimburse any fees up to Company's maximum amount payable and in local currency only.</i>

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Not listed under / Other than Panel	<input type="checkbox"/> AXA Panel Clinic Name of the Panel Clinic: _____ _____	The exception of the specific doctor's report: Eg: Personal attending doctor's report / General Medical Questionnaire  <b>Note:</b> <i>Please note that AXA will reimburse any fees up to Company's maximum amount payable and in local currency only.</i>
	<input type="checkbox"/> AXA Panel Lab Gribbles / BP Lab Name of the Panel Lab: _____ _____	
	<input type="checkbox"/> Report requested from a specific doctor: Eg: Personal attending doctor's report / General Medical Questionnaire _____ _____	

*Important Note: In line with Bank Negara Malaysia (BNM) which requires life insurance Company to fully migrate to e-payment facilities for all payment transaction, please be advised that the reimbursement to you for the cost of the medical examination/test done will be through e-payment to your account.*