



New Business Medical Reimbursement Form

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

POLICY NO : _____

Life Insured's Name : _____ NRIC No: _____

Owner' Name : _____ NRIC No: _____

I hereby confirm that I have paid the medical check-up expenses on behalf of the Company in advance. Please kindly reimburse as details of account. I have attached herewith the original receipt for your reference. Thank you.

Payment to:

Name:	
NRIC:	
Bank Name:	
Bank Account No:	
Date:	
Total Amount to be reimburse (RM):	

Kindly tick (✓) on the Type of Medical/Test/Attending doctor report (s) done for application for reimbursement:

Requested by underwriting team as stated in the Letter of Query listed Under PANEL/	<input type="checkbox"/> AXA Panel Clinic Name of the Panel Clinic: _____ _____ _____ _____	Indicate the reason why reimbursement done by agent when the medical requirement (s) is/ are done with AXA Panel Clinic / Lab under AXA Panel Note: All of the medical examinations and/or medical tests required must be performed at our Appointed Panel Clinics/Hospitals. The report(s) and invoice(s) should be sent directly by the panel doctors / clinics/ lab to the Company. _____ _____ _____ _____ _____ _____ _____ _____
	<input type="checkbox"/> AXA Panel Lab Please tick which lab: <input type="checkbox"/> Gribbles <input type="checkbox"/> BP Lab	



Requested by underwriting team as stated in the Letter of Query Not listed under/ Other than PANEL/	<input type="checkbox"/> #Non AXA Panel Clinic Name of the Non-Panel Clinic's name: _____ _____ _____	#Mandatory to provide the reason (s) if reimbursement made from a Non AXA Panel Clinic and/ or Non AXA Panel Lab. Kindly provide the reason (s) at below: _____ _____ _____ _____ _____ _____ _____
	<input type="checkbox"/> #Non AXA Panel Labs Name of the Non-Panel Lab's name: _____ _____ _____	
	<input type="checkbox"/> Medical Report requested from a specific doctor: e.g. Attending Physician Statement/ General Medical Questionnaire/ Medical Questionnaires from attending doctor _____ _____ _____	

Important Note:

- 1) *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.*
- 2) Please take note that AXA AFFIN Life will reimburse any fees up to Company's maximum amount payable and in local currency only.
- 3) AXA AFFIN Life will not be responsible in case a wrong bank account number is given via this form.