



## 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 <b>Under PANEL/</b>	<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  <b>Note:</b> 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 <b>Not listed under/ Other than PANEL/</b>	<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 <b>Non AXA Panel Clinic and/ or Non AXA Panel Lab.</b> 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.*