

CHECKLIST – PERSONAL ACCIDENT CLAIM

IMPORTANT NOTICE

In the event of a claim, please notify us as soon as possible of any incident which may give rise to a claim and at the latest within 30 days. You can contact us through the following channels:

- Email: geb@rhbgroup.com
- Call: 03-9545 8914
- Whatsapp Number: 018-281 6688
- Walk in: Customer Relationship Centre or RHB Insurance branches, click [here](#) for more details
- Claims details: Click [here](#). You may refer to the guide [here](#).



RHB Insurance
Claims Portal

Items	Type of Claim	Action / *Document(s) Required
	ACCIDENT DEATH	<ul style="list-style-type: none"> • Claim Form • Copy of Death Certificate • Copy of Post Mortem Report (if Any) • Copy of Police Report (If Any) • Copy of Insured IC • Copy of Insured Driving License (If due to MVA accident) • Copy of Claimant IC • Copy of Claimant Marriage Certificate (If claimant is the deceased's spouse) • Copy of Claimant Birth Certificate (If claimant is the deceased's children) • Original receipt of Funeral, Burial and Cremation Expenses
1	ACCIDENTAL PERMANENT DISABLEMENT	<ul style="list-style-type: none"> • Claim Form • Medical Report from treating doctor indicating the degree (%) of permanent disability • Photographs of Injuries • Copy of Police Report (If Any) • Copy of Insured IC • Copy of Insured Driving License (If due to MVA accident) • Copy of Claimant IC • Copy of Claimant Marriage Certificate (If claimant is the deceased's spouse) • Copy of Claimant Birth Certificate (If claimant is the deceased's children)
2	MEDICAL EXPENSES	<ul style="list-style-type: none"> • Claim Form • Original Bill and Itemized Bill • Original Receipts • Medical Report from treating doctor • Copy of Police Reports (If Any) • Copy of Insured IC