

Quotation Request Form For Group Medical Insurance

Agents: _____

Branch: _____

Name of Company : _____
 Nature Business : _____
 Group Size : _____
 Coverage Type : _____

Employee Only
 Employee & Children

Employee & Spouse
 Employee & Family

Any other classes of insurance quoted by Kurnia ? If YES, please provide the class of insurance, estimated premium and claim details (if any).

Class of Insurance	Premium	Claim

Class of Insurance	Premium	Claim

Group Hospitalization & Surgical (GHS) :-

1. Are you currently been covered under any Group Medical / Hospitalization and Surgical Insurance Policy? If YES, please provide a copy of the benefits schedule and the following details:

Name Insurer : _____
 Plan : _____

Full Reimbursement - Guaranteed Admission (Medical Card) Inner Limit - Guaranteed Admission (Medical Card)
 Full Reimbursement - Reimbursement Inner Limit - Reimbursement

2. Is the existing policy extended to cover employee's spouse and children?

Yes No

3. Has there been any claims made and if so, how much and how many claims were made for each year for the last 3 years? If there is no Medical Insurance, please indicate Hospitalization Medical Expenses for the last 3 years. Please provide detailed breakdown of claims/medical expenses,(i.e claimant, admission date, diagnosis, claim amount)

Year	No of Employees	Policy Premium	Claim Paid/Expense Amount (RM)	No of Claims/Cases
Total				

Note :Please advise current year claim is recorded as of which month: _____

4. Is there any special provision or exclusion imposed on any employee or insured person in the existing policy? If YES, please attach policy schedule/ endorsement.

Group Outpatient Clinical (GOPC) (Optional, complete this only if this coverage is requested) :

1. Has there been any claims made and if so, how much and how many claims were made for each year for the last 3 years? If there is no Medical Insurance, please indicate Outpatient Medical Expenses for the last 3 years. (We may require detailed breakdown of claims / medical expenses)

Year	No of Employee	No of Spouse	No of Children	Policy Premium	Claim Expenses			No of Claim/cases		
					General Practitioner	Specialist Practitioner	Total	General Practitioner	Specialist Practitioner	Total

2. Is Long Term Care covered under the existing policy or company benefit?

Yes No

Additional Remark: _____

Attended by: _____ Contact No: _____ Date: _____