



The Pacific Insurance Berhad (91603-K)
太平保險有限公司
40-01, Q Sentral, 2A Jalan Stesen Sentral 2,
Kuala Lumpur Sentral, 50470 Kuala Lumpur, Malaysia.
(P.O. Box 12490, 50780 Kuala Lumpur, Malaysia.)
Tel: +603-2633 8999 Fax: +603-2633 8998
Website: www.pacificinsurance.com.my

NOTIFICATION OF OUT-PATIENT CLAIM

A. PARTICULARS OF CLAIMANT

Patient's Name: \_\_\_\_\_ Sex/Age: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Insured's Name if Patient is a dependant: \_\_\_\_\_

B. AUTHORISATION TO RELEASE INFORMATION. I hereby authorize any hospital, clinic or physician to release any information acquired in the course of my examination or treatment.

\_\_\_\_\_
Date

\_\_\_\_\_
Signed (Patient; or Parent if a minor)

C. ATTENDING PHYSICIAN'S REPORT:

Diagnosis of Condition(s): \_\_\_\_\_
(Please Print)

Date of Consultation: \_\_\_\_\_

\_\_\_\_\_
Signature of Attending Physician

NOTE: Please attach the original medical bills or receipts together with this form and send them to the Medical Insurance Department of The Pacific Insurance Berhad.

Personal Data Protection Act 2010 ("PDPA") to customers of The Pacific Insurance Berhad ("TPIB") Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.pacificinsurance.com.my for details of TPIB PDPA privacy notice.