

CLAIMS PROCEDURE – FIG TREE BLUE

IMPORTANT

Please ensure that any and all costs for non-Emergency In-Patient / Day-Patient Treatment, and ALL and ANY MRI and CT Scans are agreed by Us, or Our Emergency medical helpline, in writing (fax/email/letter) before ANY planned Treatment is undertaken.

Notification of any Elective Treatment or non-Emergency Treatment should be submitted in writing to Us as soon as reasonable and at least 48 hours prior to admission.

Planned Treatment undertaken without pre-approval from Us may not be eligible for a full refund in accordance to the terms of this Policy. A verbal confirmation does not constitute pre-approval.

Medical helpline

If in doubt, please contact the medical helpline (as shown on your membership card).

Whilst you are:

- in Cambodia – (855) 12 777 135
- Oversea – (65) 6334 2002

Please remember to provide:

- Your name
- Policy number
- Nature of Injury or Sickness
- Details of attending doctor
- Present location and contact particulars

Our medical helpline is available 24 hours a day, 365 days of the year and is staffed by multi-lingual operators who can arrange admission to Hospital, ambulance transfers and air Evacuation where necessary. To obtain medical assistance use the medical helpline number shown on the back of Your membership card. In any given situation, if You are unsure what to do, contact the medical helpline.

Emergency Admissions

In the event of Emergency admissions, You should contact the medical helpline as soon as possible after admission. Please do not delay obtaining Emergency Treatment.

In-Patient, Day-Patient & Out-Patient Treatment

If You receive Treatment as an In-Patient, Day-Patient and Out-Patient, all cost must be paid for in full by You at the time of the Treatment and re-claimed from Us.

The Insured shall immediately take steps to ask for and act on proper medical advice and the Company shall not be liable in the event a Treatment or service becomes necessary due to the failure of the Insured to do so.

Incomplete Claims

All claims must be submitted to the Company within 31 days of completion of the event for which the claim have been submitted and agreed to by the Company. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the above shall be at the Company's sole discretion.

All documents and materials (including but not limited to original accounts, certificates, hospital bills and x-rays) that We require to support a claim, an application for cover or change in cover shall be provided without expense to Us (including if requested by Us a medical report from the Insured Person's Medical Practitioner or Specialist and details of the Insured Person's medical history prior to any claim). In cases where medical information is required by Us for consideration of a claim but it is not available to Us, it is the responsibility of the Insured Person to obtain such

information from their current or previous Medical Practitioner, as appropriate. Failure to fully substantiate Your claim will result in delayed settlement or may invalidate Your claim. Please retain all invoices and receipts.

Claims may only be made for Treatment actually given during a Period of Cover and Benefit will be available only for expenditure incurred prior to expiry or termination of such cover.

All Claim Forms should be sent to Forte Insurance (Cambodia) Plc. at:

Address: 325 Mao Tse Toung Blvd.

P.O. Box 565, Phnom Penh

Cambodia

Telephone (855) 23 885 077 / 066

Fax (855) 23 982 907

Email claims@forteinsurance.com

Please always quote Your Policy number.