

NON - MYTPA CLINIC MEDICAL CLAIM FORM



SERBA DINAMIK GROUP OF COMPANIES



1. Serba Dinamik Group Berhad
2. Serba Dinamik Sdn Bhd
3. Serba Dinamik IT Solutions Sdn Bhd
4. Serba Dinamik International Limited

- | | | |
|--------------------------|-----------------------------------|--------------------------|
| <input type="checkbox"/> | 5. SD Impex Sdn Bhd | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. SD Advance Engineering Sdn Bhd | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. Others, please specify; | |
| <input type="checkbox"/> | _____ | |

Patient's Name / Employee's Name

Name : IC/Passport No. :

Location : Employee's Position :

Visited Clinic/Hospital Details

Clinic/Hospital : Visited Date :

Clinic/Hospital fees as per receipt (RM) :

Attached Medical Certificate: **Yes** **No**

Attached Medical/Bill Receipt: **Yes** **No**

Medical Claim Justification:

Your Contact No

Bank Name/Bank Account No.

.....

*Please add an extra addendum should the provided space is limited
 Please provide any evidence if you have any*

Date

Signature

FOR MYTPA USES ONLY

M.C Serial No. :

Annual Limit :

Balance :

Date Received

MYTPA ASSESSMENT

Decision: **Approved** **Declined**

Reason:

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Reviewed by;

Verified by;

Name:

Name:

Date:

Date:

Remark: This form will be considered as an incomplete form and will not be processed if the provided field left blank by the claimant

Note: P* = Passport No