



14/01/2022
KPJ SELANGOR SPECIALIST HOSPITAL

ATTN: BILLING DEPT
C.C:

Fax Number: 03-55431722 / 7222

Dear BILLING DEPT,

RE: HOSPITAL BILL GUARANTEE FOR :

| | |
|--------------------------|---|
| PATIENT'S NAME | : MUHAMAD MUZZAFFAR BIN ABDUL MUTALIB |
| CLIENT | : Allianz Life Insurance Malaysia Berhad |
| COMPANY NAME | : GALAXY AEROSPACE (M) SDN BHD |
| POLICY NO. | : G077475-000 |
| DATE OF ADMISSION | : 12/01/2022 |

This is to confirm that we are providing the MEDICAL EXPENSES GUARANTEE for the above-mentioned patient to your hospital / medical centre up to **RM 4888.35 (RINGGIT FOUR THOUSAND EIGHT HUNDRED EIGHTY-EIGHT AND THIRTY-FIVE CENTS ONLY)**. This LG will supersede any LG previously issued for this admission.

Entitlement for ROOM & BOARD : Up to RM180.00 per night
(Includes Room Charge & Meals) ,

This cover is subjected to the Term and Conditions of the patient's Insurance policy. Patient shall bear all cost incurred for bills which are not covered under the Insurance policy. Please refer to Discharge Notice (Patient's Copy) for excess amount to be paid by the Patient

NOTE: No charges should exceed the fees schedule stipulated in the Thirteenth Schedule of the Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities) Regulations 2006 (hereinafter referred to as the "Thirteenth Schedule"). Asia Assistance Network (M) Sdn Bhd reserves the right to revise this Medical Expenses Guarantee if found that the charges stipulated in the Patient's medical bills exceeds the maximum amount chargeable as specified by the Thirteenth Schedule. **Please refer to the Discharge Notice (Hospital's Copy) for charges that have exceeded the chargeable amount pursuant to the Thirteenth Schedule.**

Kindly send the original copies of the Medical Bills, AA Hospital Form and Discharge Form to our address as stated below invoices and statements to the address as stated below:

ASIA ASSISTANCE NETWORK (M) SDN. BHD.
LEVEL G, AA ONE, NO 1, BLOCK N, JAYA ONE, 72A, JALAN UNIVERSITI,
46200 PETALING JAYA, SELANGOR DARUL EHSAN, MALAYSIA

Thank you.

Yours faithfully,
SUVITRA A/P PATABISITHARAM
CASE MANAGEMENT
File No.: 557617

NOTE: THIS IS COMPUTER GENERATED DOCUMENT, HENCE NO SIGNATURE IS REQUIRED



KPJ SELANGOR
SPECIALIST HOSPITAL

Serial No : **578911**

SELANGOR SPECIALIST HOSPITAL SDN. BHD. (215179-P)
(formerly know as Selangor Medical Centres Sdn. Bhd.)
(A Member of KPJ Healthcare Berhad Group)
Lot 1, Jalan Singa 20/1, Section 20, 40300 Shah Alam, Selangor Darul Ehsan, Malaysia.
Tel: +603-5543 1111 Fax: +603-5543 1722

MEDICAL CERTIFICATE
SIJIL CUTI SAKIT

HOSPITALIZATION

This is to certify that I have examined

Dengan ini saya mengesahkan bahawa saya telah memeriksa

Mr / Madam / Miss **Muhamad Muzaffar**
Tuan / Puan / Cik

IC / Passport No. / ID No **810119025083**
No. KP. / No. Passport / No. ID

Hospital MRN **595059**

And I am of the opinion that:

Dan mendapati bahawa:

a) He / She is unfit for the proper performance of his / her duties / to attend school for
Beliau tidak sihat untuk menjalankan tugas atau persekolahan selama
..... **6** days / from **12/1/2022**
to **17/1/2022** **6** hari / dari
hingga

b) He / She should return for follow-up examination on
Beliau perlu membuat rawatan susulan pada

c) He / She is fit for regular / light duty on / form to
Beliau boleh menjalani kerja seperti biasa / kerja ringan pada / dari hingga
(Delete (b) or (c) whichever is not applicable)

DR. SANKER V

MBBS, FRCP, MA(M)
CONSULTANT PHYSICIAN & GASTROENTEROLOGIST
Signature of Medical Practitioner (Munch Reg. No. 30068)
Malaysian Medical Council
KPJ SELANGOR SPECIALIST HOSPITAL
Lot 1, Jalan Singa 20/1, Section 20, 40300 Shah Alam, Selangor.

14/1/2022

Date

Name in Block Letters

12/1/2022 Official Clinic / Hospital Chop

Date of Admission :
Date of Discharge : **14/1/2022**
Date of Operation :

**KPJ SELANGOR SPECIALIST HOSPITAL** (215179-P)

(A member of KPJ Healthcare Berhad Group)

LOT 1 JALAN SINGA 20/1 SEKSYEN 20 40300 SHAH ALAM SELANGOR

Tel : +603-5543 1111 Fax : +603-5543 1722

ORIGINAL RECEIPT

| | | | |
|---------------------|---|-------------------|-------------------|
| Payer Code | : 810119025083 | Deposit No | : ATD6 - 00001865 |
| Payer Name | : MUHAMMAD MUZZAFFAR BIN ABDU MUTALIB | Date | : 11-Jan-2022 |
| Address | : 31 JLN PUTRA MAHKOTA 7/2D PUTRA HEIGHT SUBANG JAYA SELANGOR | Time | : 3:37 pm |
| MRN | : 595059 | Cashier | : Aisyatul.H |
| Patient Name | : MUHAMMAD MUZZAFFAR BIN ABDUL MUTALIB | Pay By | : CASH |
| Episode No | : 1 | Tax Code | : |
| | | Amount | : 300.00 |

Being payment received for :

| Descriptions | Amount | Tax Amt | Total Amt |
|---------------------|---------------|-------------|---------------|
| | Allocate (RM) | (RM) | (RM) |
| Unallocated Payment | 0.00 | 0.00 | 300.00 |
| TOTAL : | 0.00 | 0.00 | 300.00 |

Reference :

Remark : DEPOSIT ADMISSION

Print Date/Time : 11/1/2022/ 3:37:38PM

THIS RECEIPT WILL BE VALID ONLY WHEN CHEQUE IS CLEARED BY BANK
CASH DEPOSIT SHALL BE REFUNDED VIA CHEQUE IF REFUND AMOUNT EXCEEDS RM500

** COMPUTER GENERATED DOCUMENT DOES NOT NEED ANY SIGNATURE **