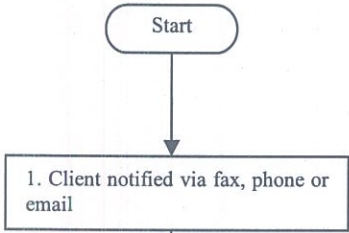
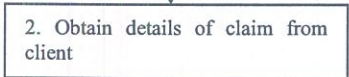
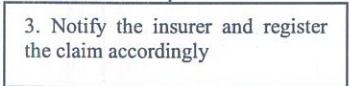
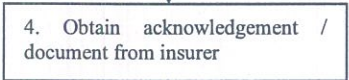
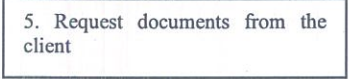


Interaction	Control/Activities	Records
	1. Claim notification from client either verbally, fax, email or other forms of correspondences.	<ul style="list-style-type: none"> Fax/Email/Phone
 <pre> graph TD Start([Start]) --> Step1[1. Client notified via fax, phone or email] Step1 --> Step2[2. Obtain details of claim from client] Step2 --> Step3[3. Notify the insurer and register the claim accordingly] Step3 --> Step4[4. Obtain acknowledgement / document from insurer] Step4 --> Step5[5. Request documents from the client] Step5 --> Continue[Continue to Step 6] </pre>	2. Anika to obtain claims details from client. Anika to check into the system/policy for details of coverage.	
	3. Anika to notify the Insurer via letter/fax/email within 48 hours from receiving details from client. Anika to register the claim in IBS within 7 days from the notification date. a) To obtain debit note from Broking Unit b) Loss details keyed in IBS and claim's reference number is generated Should the debit note have yet to be issued, the above will apply from the date of issuing debit note.	<ul style="list-style-type: none"> Fax/Email/Phone IBS Claims Ref
	4. Obtain acknowledgement from Insurer and any required documents to support the claim.	<ul style="list-style-type: none"> Email
	5. Request for claim/supporting documents from client via letter/email. Upon received the list of required documents/information from Insurer. Anika to send Claim Form to client for information needed to process the claims within 7 days.	<ul style="list-style-type: none"> Letter/Email
		

Interaction	Control/Activities	Records
<pre> graph TD D6{6. Document received?} -- No --> F6[Follow up with client] D6 -- Yes --> V6{{Verify document for completeness}} F6 --> V6 V6 --> S7[7. Send document to insurers] S7 --> F8[8. Follow up with insurers] F8 --> D9{9. Claim approved?} D9 -- No --> C9([Check on the status & reason of claim rejection and update client]) D9 -- Yes --> R10[10. Records and update client] R10 --> C11[11. Check with insurer on the payment mode] C11 --> I12[12. Inform client on the payment advice] I12 --> U13[13. Update claim in IBS] U13 --> E([End]) </pre>	<p>6. If claim documents are not received from client, Anika need to send reminder either letter / email once a month</p> <p>Verify document for completeness if Anika received the claim documentation. Copy of claim documents and acknowledgement to client will be kept in file.</p>	<ul style="list-style-type: none"> • Letter/Email
	<p>7. Send the document to the insurer quoting our reference number within 5 days from document received date.</p>	<ul style="list-style-type: none"> • Letter/Email
	<p>8. After full documents has been sent to the insurer, Anika need to follow up on the status of claim.</p> <p>a) 1st reminder within 14 working days b) 2nd reminder within 30 working days</p>	<ul style="list-style-type: none"> • Letter/Email
	<p>9. If claims not approved, Anika check on the status and reason of claim rejection and update client.</p>	<ul style="list-style-type: none"> • Letter/Email
	<p>10. If claims approved, Anika will record and update client.</p>	
	<p>11. Check with insurer on the payment mode either by :</p> <p>a) e-payment b) cheque</p> <p>Follow up with insurer within 3 days.</p>	<ul style="list-style-type: none"> • Email
	<p>12. For e-payment, Anika to inform the client on the payment advice within 3 days from the date of received advice from insurer.</p> <p>For cheque , prepare cover letter and send to client within 5 days.</p> <p>Copy of payment will be kept in file.</p>	<ul style="list-style-type: none"> • Letter/Email
<p>13. Update claim in IBS</p> <p>End</p>	<p>13. Update claim in IBS as "settled".</p>	<ul style="list-style-type: none"> • IBS

Workflow Process

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EB CLAIMS

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Prepared By:

Verified/Checked By:

Approved By:

[Handwritten signatures and initials over the signature lines]