

Sunway Local Student Group Personal Accident Insurance Online Claim Guide



Updated as of August 2025

RULES & GUIDELINES

General Rules

- Students must complete all required fields with accurate information and upload the necessary supporting documents before submitting their claim.
- Please note that the portal operates as a **live screen** - there is no option to save a draft.

One Claim Per Submission

- Each claim must be submitted **per person, per treatment**.
- If treatment was received for different illnesses or on different dates, **separate claims** must be submitted.
- If the amount claims is **EXCEED RM500**, please get the attending doctor to fill in the **Medical Report form** (request from Student LIFE Support Unit staff)

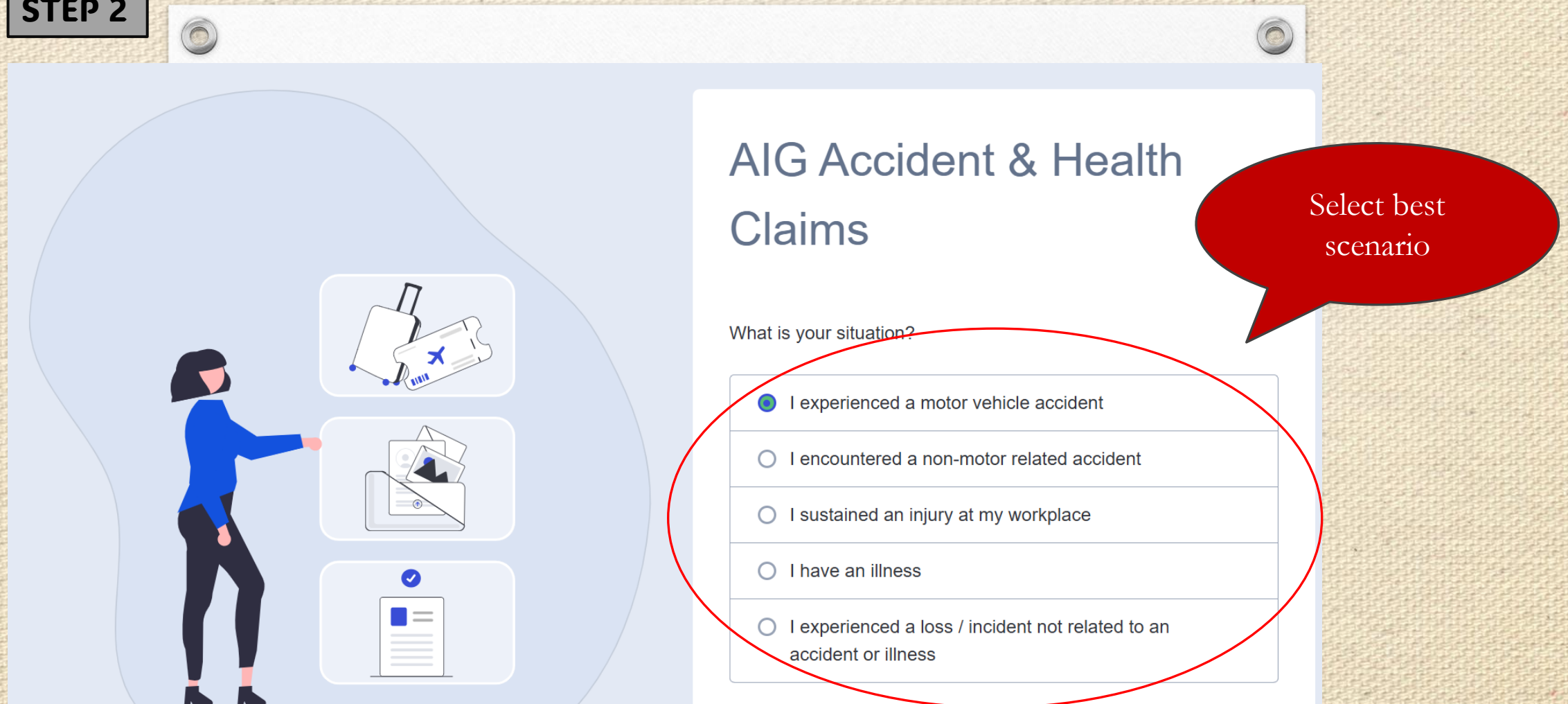
Claim Submission Acknowledgement

- Upon submission, the student will receive a **reference number (CSTXXXXXXXX)**.
- A confirmation message will appear stating:
"A claim examiner will be appointed to review and assess your submission made on [Date]. An update will be provided within 25 working days. For any queries, please contact our Customer Service Care Department at 1800 88 8811 or 603 2118 0188 (Monday to Friday, 9am–5pm, excluding public holidays)."

STEP 1

Please visit AIG Insurance main page at <https://aigmy.merimen.com.my/accident-and-health-claims>

STEP 2



AIG Accident & Health Claims

What is your situation?

- I experienced a motor vehicle accident
- I encountered a non-motor related accident
- I sustained an injury at my workplace
- I have an illness
- I experienced a loss / incident not related to an accident or illness

Select best scenario

Note : Sunway local student is only applicable for Personal Accident. You will be asked to complete the details pertaining to the accident such as when, what, incident summary, cause of injury, etc.

STEP 3

Which benefits are you claiming for? ⓘ

Weekly Indemnity ⓘ

Hospital Income

Medical Expenses ^

Outpatient Medical Expenses

Inpatient Medical Expenses

Others & Miscellaneous

- If your situation is not in the above list, you will need to submit a separate claim through [here](#).
- If you are an employee claiming against your company's insurance policy, please upload [this](#) authorisation letter, signed and stamped by authorised representative of your company.

Start Claim

Select applicable benefits

MANDATORY to complete and submit this form. Please approach Student LIFE Support Unit staff for the assistance

AIG

COMPANY DECLARATION (FOR GROUP POLICY ONLY)

Declaration:

I/ We hereby certify _____ is/my our employee effective from _____ (DD-MM-YYYY) and is currently* holding the position of _____.

**If no longer under employment, please advise the last date of employment:*

D D - M M - Y Y Y Y

I/We do solemnly declare that the forgoing particulars are true and correct in every detail. I/We agree that if I/we have made, or, in any further declaration in respect of the said claim, if I/we shall make any false or fraudulent statements or suppress, omit to disclose, or falsely state any material fact whatsoever, this claim shall be voided and all rights of recovery in connection with this claim shall be forfeited.

(please tick checkbox below if claim is to be paid to the employee)

I/We declare and confirm that all information provided are full, complete, true and accurate. I hereby authorize AIG Malaysia to release payment via direct credit or GIRO to the above employee's Bank Account. I further understand that AIG Malaysia relies on the above information and instruction in order to make payment and in the event of any loss arising from this payment, AIG Malaysia is absolved from any or all liability.

Authorised signature of company

Signature : _____

Full Name : _____

Date : _____

(Please also affix company rubber stamp)

Email us at studentsupport@sunway.edu.my

STEP 4

Please prepare documents according to checklist

Accident - Motor vehicle related

1. Driver's License (If Insured Person was Driving at the Time of Accident)
2. Incident Report Issued by Company / Employer (If Industrial or Work Related)
3. Police Report and Findings on the Alleged Accident *
4. Toxicology Test Result if Toxicology Test was Done

Inpatient / Outpatient Medical Expenses

1. All Relevant Medical and Examination Reports *
2. Hospital Billing Statement *
3. Hospital Discharge Summary *
4. Medical Payment Receipts *

STEP 5

Complete personal details



Claimant Personal Details

* Required

Policy No / Certificate No* ⓘ

4000018313

Policy No:
4000018313

Claimant Name*

Claimant Name

Student's name

Email Address*

Email Address

Mobile No*

60123456789

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STEP 5

Complete personal details

Email Address*

Email Address

Mobile No*

60123456789

IC Number

Citizenship*

Select

Occupation:
Student

ID No.

Select

ID No.

Occupation and Designation

Student

Address Line 1*

Address Line 1

Address Line 2

Address Line 2

Postcode*

Postcode

City*

City

State*

Select

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STEP 5

Are you the policyholder?*

Yes No

Please tick
"NO"

Policyholder Name*

Sunway Education Group Sdn Bhd

Policyholder:
Sunway Education
Group Sdn Bhd

Is the policyholder a company?*

Yes No

Please tick
"YES"

If you are an employee claiming against your company's insurance policy, please upload [this](#) authorisation letter, signed and stamped by authorised representative of your company.

Employee Claims Authorisation Letter*

Drag & drop file here or

Choose File

Upload the
authorization letter
that you received
from Student LIFE
Office

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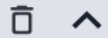
STEP 5

Complete related information request

Claim Details

* Required

1. Motor Vehicle Related Accident



Details

Are you the driver / rider?*

Yes No

Was the accident due to any other person's fault?*

Yes No

When did the accident occurred?

Date of accident occurred*

DD/MM/YYYY



Time of the accident*

HH:MM am/pm



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STEP 5

Complete related information request

Date of first consultation with doctor / hospital / clinic*

DD/MM/YYYY



What was the cause of the accident?*

Select



Which part of the body was injured?*

Select



What was the type of injury?*

Select



Incident Summary*

Description of the Incident

Explain on the
incident scenario.
When, how and the
consequences

0/500 Characters

Full name of the attending doctor / physician when diagnosed*

Name of hospital where diagnosed*

Do you / the claimant have any underlying conditions / diseases?*

Yes No

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STEP 5

Upload related documents

Upload Documents

Maximum 5 MB per file size

Maximum 3 files per upload

Supported file types: doc, docx, xls, xlsx, png, jpg, jpeg, pdf, heic

To reupload a file, please delete the existing file first.

Toxicology Test Result if Toxicology Test was Done



Drag & drop file here or

Choose File

Incident Report Issued by Company / Employer (If Industrial or Work Related)



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STEP 6

Complete claim details and upload supporting documents





Outpatient Medical Expenses

* Required

Medical Expenses List

Maximum 10 items

No.	Date Of Treatment	Hospital / Clinic Name	Claim Amount (RM)	
1	<input type="text" value="DD/MM/YYYY"/> 	<input type="text"/>	<input type="text" value="0.00"/>	

STEP 6

Complete claim details and upload supporting documents

Add Items

Upload Documents

Maximum 5 MB per file size

Maximum 3 files per upload

Supported file types: doc, docx, xls, xlsx, png, jpg, jpeg, pdf, heic

To reupload a file, please delete the existing file first.

Medical Payment Receipts*



Drag & drop file here or

Choose File

STEP 7

Complete bank details



Accident Claim Bank Details

* Required

Details

Policyholder's Name*

xxx

Email Address*

sss@yahoo.com

Bank Account No.*

Bank Account No.

ID No.* ⓘ

NRIC

Bank Name*

Select

Tax Income No. (TIN)

Student bank account number ONLY

Student IC number

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STEP 7

Tick “Declaration and Authorization” statement

Declaration and Authorization

* Required

I/We declare and confirm that all information provided is full, complete, true and accurate. I/We have read and agreed to AIG Malaysia's Privacy Policy at <https://www.aig.my/privacy-notice>. If I/We am/are submitting information relating to another individual, I/We represent and warrant that I/We have the authority to provide that information to AIG and/or its service providers and the individual agrees and consents, that AIG and/or its service providers may collect, use and disclose his/her personal information in accordance with AIG's Privacy Notice.

I/We hereby authorise AIG Malaysia Insurance Berhad to release payment via direct credit or GIRO to above Bank Account. I/We further understand that AIG Malaysia relies on the above information and instruction in order to make payment and in the event of any loss arising from this payment, AIG Malaysia is absolved from any or all liability.

I confirm that I have fully read, understand and accept the Declaration and Authorization statement above

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STEP 8

Review all the details before submitting claim for processing



Claimant Personal Details

Policy No / Certificate No /
Booking ID 4000018313

Claimant Name xxx

Email Address xx@yahoo.com Mobile No 019456789

Citizenship MALAYSIA

ID No. 880101089786

Occupation and Designation Student9

Address Line 1 ssss

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[Submit](#)

Thank you

For any queries, students may contact the AIG Customer Service Care Department at
1800 88 8811 or 03-2118 0188
(Monday to Friday, 9.00am - 5.00pm, excluding public holidays)

