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.

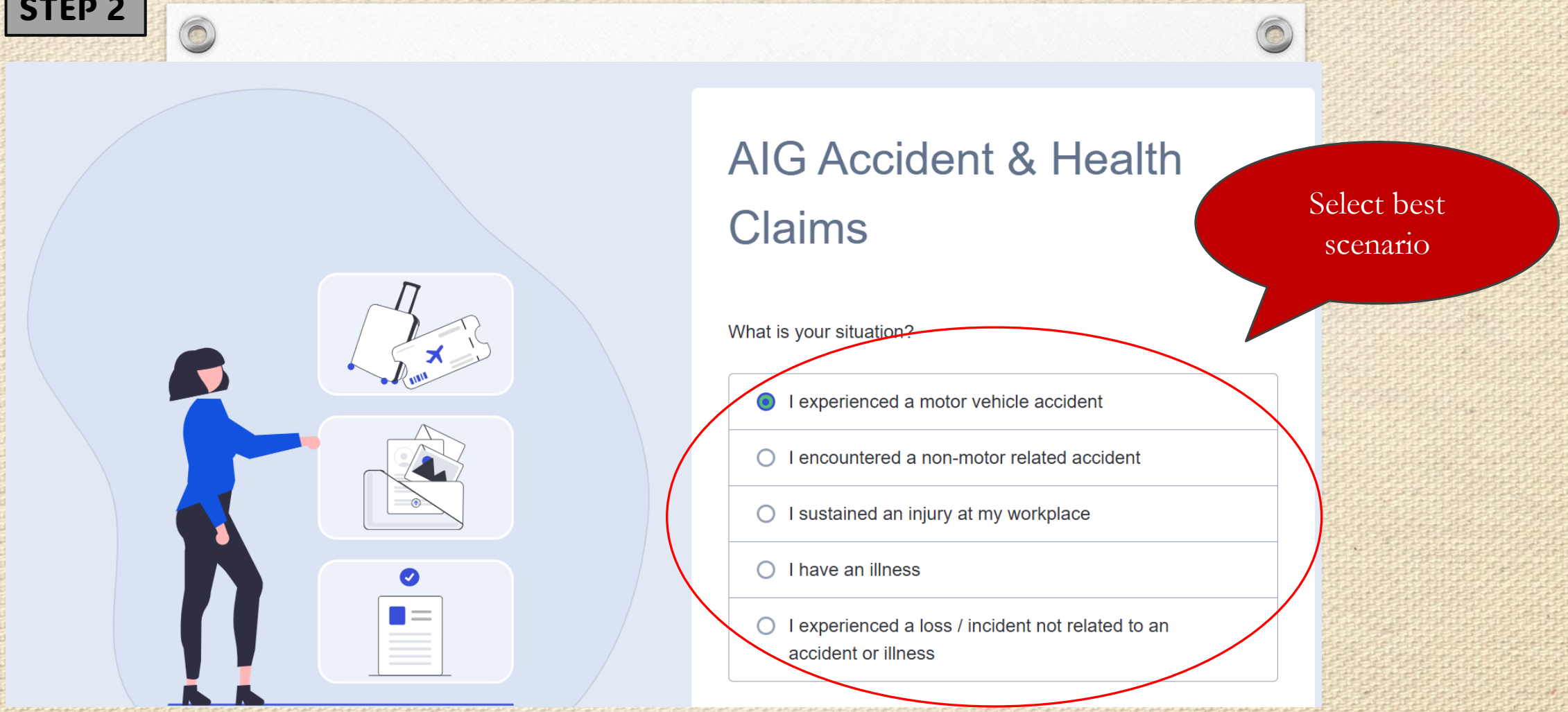
Claim Submission Acknowledgement

- Upon submission, the student will receive a **reference number (CSTXXXXXXX)**.
- 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



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?

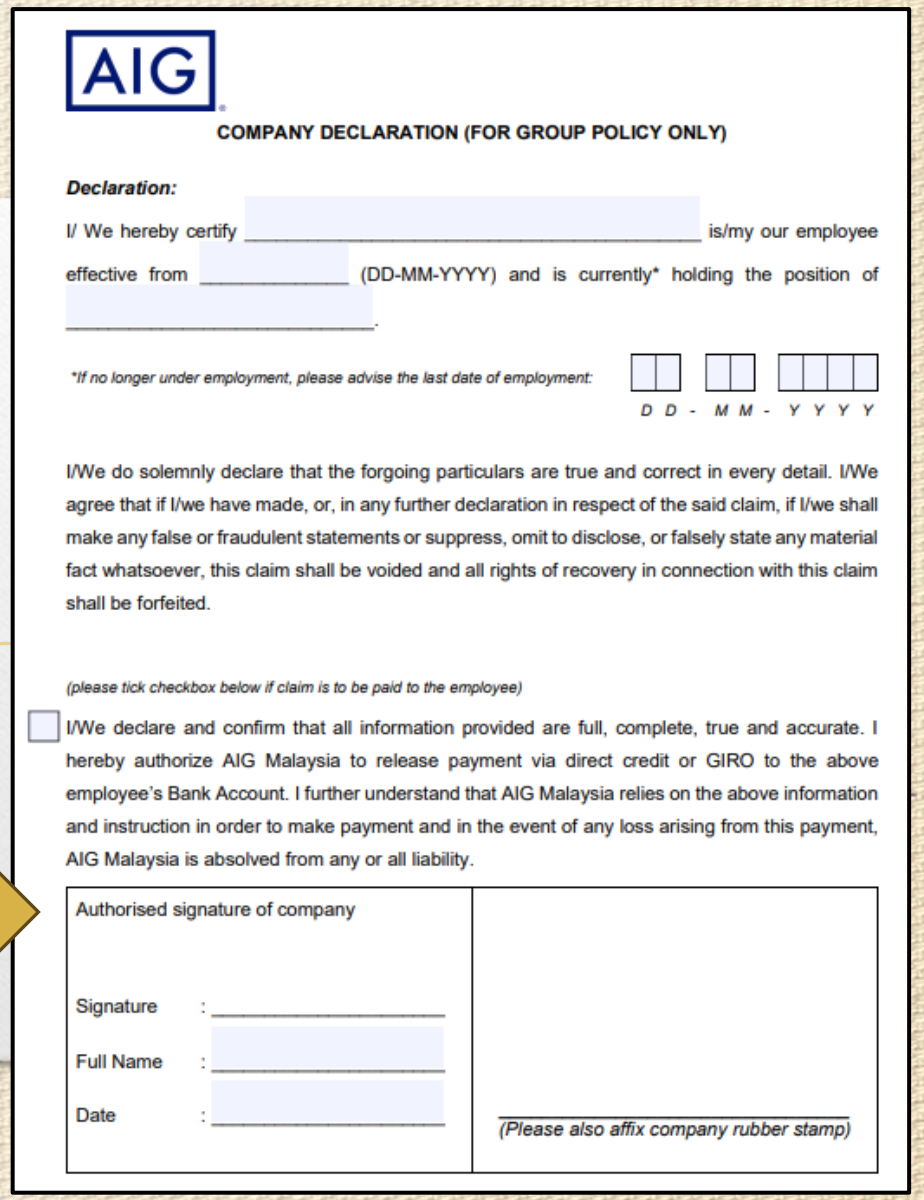
- [ ] Weekly Indemnity
- [ ] Hospital Income
- [x] Medical Expenses
  - [x] Outpatient Medical Expenses
  - [x] Inpatient Medical Expenses
- [ ] Others & Miscellaneous

Select applicable benefits

- 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

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

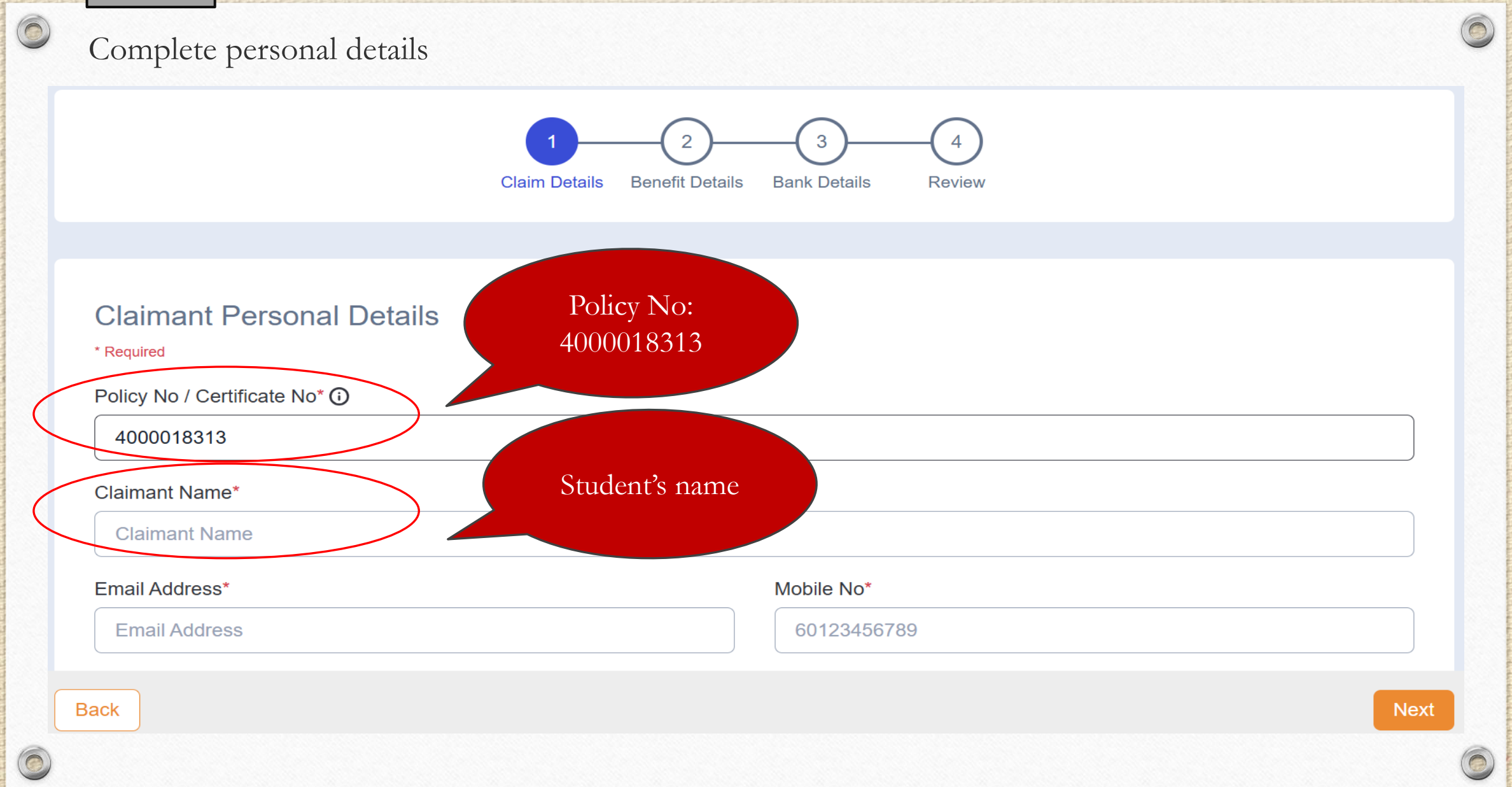
1. Driver's License (If Insured Person was Driving at the Time of Accident)
2. Incident Report Issued by Company / Employer (If Industrial or Work Related)
3. Police Report and Findings on the Alleged Accident *
4. Toxicology Test Result if Toxicology Test was Done

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



STEP 5

Complete personal details

Email Address*

Email Address

Mobile No*

60123456789

Occupation: Student

IC Number

Citizenship*

Select

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

Please tick "NO"

Are you the policyholder?*

○ Yes ◉ No

Policyholder: Sunway Education Group Sdn Bhd

Policyholder Name*

Sunway Education Group Sdn Bhd

Is the policyholder a company?*

Please tick "YES"

◉ Yes ○ No

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

0/500 Characters

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

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	DD/MM/YYYY		0.00

STEP 6

Complete claim details and upload supporting documents

Add Items

Upload Documents

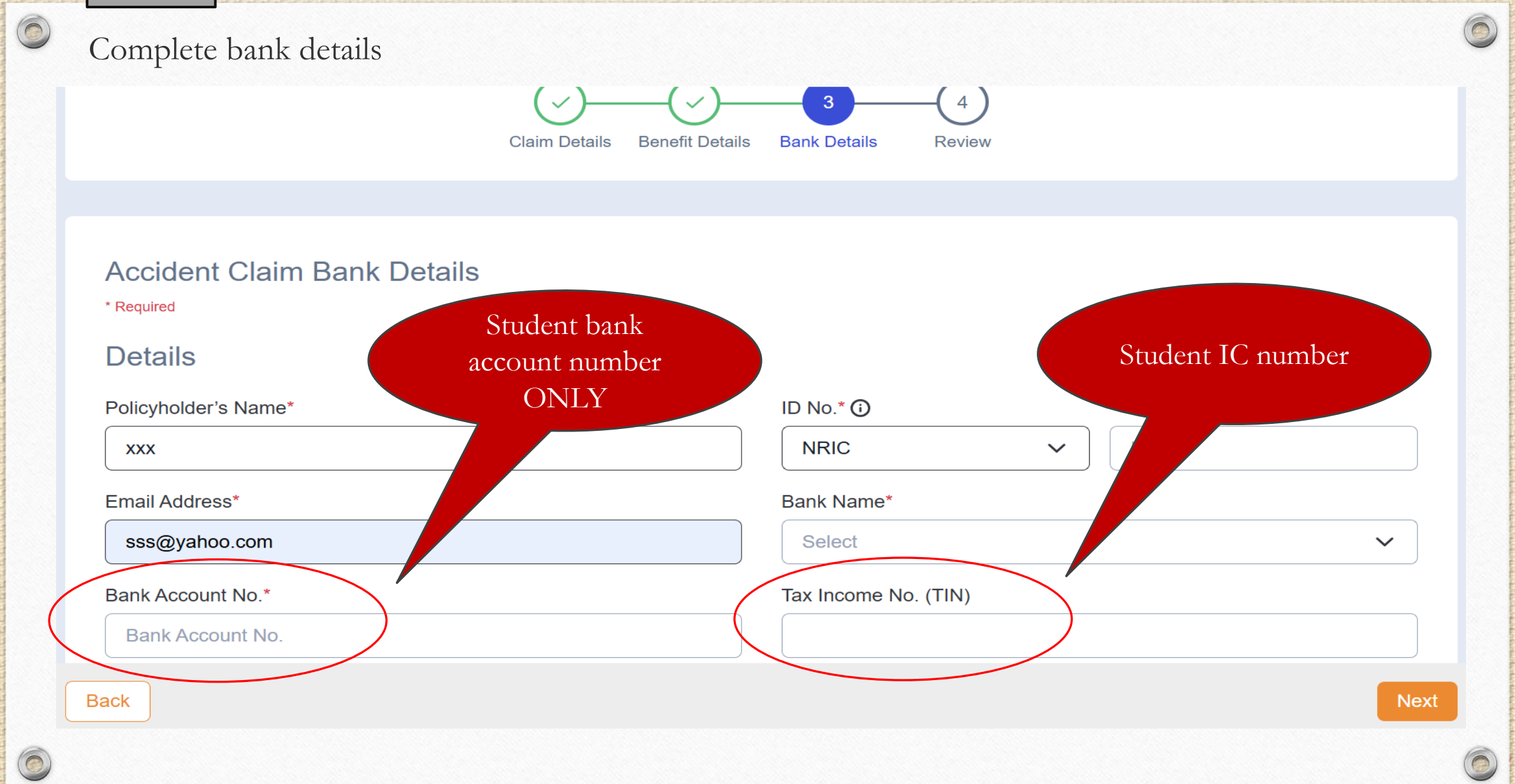
Maximum 5 MB per file size
Maximum 3 files per upload
Supported file types: doc, docx, xls, xlsx, png, jpg, jpeg, pdf, heic
To reupload a file, please delete the existing file first.

Medical Payment Receipts*

Drag & drop file here or Choose File

STEP 7

Complete bank details



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)