

## PARKSON CREDIT IDEAL CARE CLAIMS DOCUMENT CHECKLIST

### Part A: Personal Information

Customer's Name : \_\_\_\_\_

Customer's NRIC No: \_\_\_\_\_

Contact No. : \_\_\_\_\_

Agreement No. : \_\_\_\_\_

### Part B: Required Document Checklist

Tick all where apply:      Medical/Injury:       Death:       Job Retrenchment:

Medical/ Injury Claims Documents -	Instructions	TICK (Office Use)
1. Copy of NRIC (Front & Back)	<b>Mail/ Handdeliver to:</b> Credit Management Insurance Admin Unit Parkson Credit Sdn Bhd Level 7, Office Tower 1, Jalan Nagasari, Bukit Bintang, 50200 Kuala Lumpur, Wilayah Persekutuan	
2. IDEAL CARE Document Checklist		
3. Personal Accident Claim Form		
4. Medical Certificate Form		
5. Original Medical Bills		
6. Photographs or X-Ray report if there is severance of any part of body		
7. Police report if involved in road accident		
Death Claims Documents	Instructions	TICK (Office Use)
1. Copy of NRIC (Front & Back)	<b>Upload to</b> <a href="https://www.parksoncredit.com.my/customer_service.php?l=en">https://www.parksoncredit.com.my/customer_service.php?l=en</a>	
2. IDEAL CARE Document Checklist		
3. Personal Accident Claim Form		
4. Police Report		
5. Death Certificate		
6. Burial Certificate		
7. Post Mortem Report		
8. Letter of Administration/ Grant of Probate/ Original Letter of Declaration form Amanah Raya Berhad		
Job Retrenchment Claims Documents	Instructions	TICK (Office Use)
1. Copy of NRIC (Front & Back)	<b>Upload to</b> <a href="https://www.parksoncredit.com.my/customer_service.php?l=en">https://www.parksoncredit.com.my/customer_service.php?l=en</a>	
2. IDEAL CARE Document Checklist		
3. Police report		
4. Employment Letter		
5. Termination Letter Copy		
Customer Use:	Office Use:	
Customer Signature	Attended by Credit Management Department	Confirmed by CMD Officer
Name:	Name:	Name:
Date:	Date:	Date: