

GATHERCARE GOVERNMENT HOSPITAL ALLOWANCE CLAIM FORM

Section 1: Claim Details

Carer Name	MUHAMMAD 'IZZAT SA'EED BIN ROSILE	
NRIC	050707-10-0271	
Diagnosis	Severe TBI with DAI	
Doctor Name	DR. CHIN WEE HAU & DR TAN XI JIN	
Hospital Name	HOSPITAL RAJA PERMAISURI BAINUN, IPOH, PERAK	
Submission Count:	Admission Date: 22 MAY /2025 06:28 AM	Discharged Date: 10 JUNE /2025 06:50 AM
<i>Submission(s)</i>		
Night Count	19 DAYS	
Claim Amount	RM 1,500.00	
Attachment(s)	Billing Invoice & Discharge Summary	

Section 2: Guarantee Letter (GL)

<input checked="" type="checkbox"/> GL from IHP	<input type="checkbox"/> GL from other company / organization
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Section 3: IHP Verification

Review / Comment: Reviewed and Approved Date: /2025
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Section 4: Gathercare Team Acknowledgement

Acknowledgement Received: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date: /2025

Section 5: Approval (*either one*)

Operations Supervisor Jovynne Wong Date: /2025	Chief Executive Officer (CEO) Gideon Leong Date:
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Terms and Conditions

1. The Government Hospital Allowance is limited to RM150 per day, with a maximum of 10 days per year.
2. Claim form must be submitted with Original Hospital Bill, Invoices, Medical Report, Doctor's Letter, Discharge Note, Guarantee Letter by IHP, and any relevant documents as requested to Gathercare office for review and verification. Copies of documents will not be accepted. Gathercare will not process the application until full documentation is submitted for review. Any false or incomplete information may result in claim request denial or delays in processing.
3. Claim form must be submitted within 60 days of hospital discharge. If failed to submit the claim form within 60 days from hospital discharge, claim request may be rejected.
4. Gathercare will review, verify and approve the claim within 14 days from the date of claim submission based on the date when Gathercare receives the full claim form along with complete documentation.
5. Estimated claim payment will be crowd share and disbursed within 90 days from the date of approval.
6. Claim payment will be made to the bank account details provided in Applicant's account. Kindly ensure the account details are accurate.