

**ACCIDENTAL MEDICAL REMBURSEMENT (AMR)
HOSPITALIZATION AND SURGICAL BENEFIT (HS) REQUIREMENT**

Standard Requirement	Substitute Documents
<ol style="list-style-type: none"> 1. Duly accomplished Sun Life Grepa Financial Inc (SLGFI) Statement of Claim Form (Inpatient/Outpatient Benefit). <ul style="list-style-type: none"> • Part 1 & 3 - To be completed by the Member. • Part 2 - To be completed by the Attending Physician. 2. Complete Police Report 3. For vehicular accidents: <ul style="list-style-type: none"> • Certified True Copy of Police Traffic Incident Report with sketch; • Photocopy of Driver's license (if the insured was the driver); • Certified True Copy Police Certification whether insured was wearing a helmet at the time of accident (for motorcycle related accident); 4. A waiver from insured should be submitted if check is payable to the company. Waiver not needed if the Official Receipt is under the name of Company <p>In-Patient (IP)</p> <ol style="list-style-type: none"> 1. Hospital Statement of Account (SOA) with summary and detailed breakdown of charges or charge slips. 2. Original Official receipts of payments (hospital bill, professional fees and medicines bought (with prescriptions) during confinement. <p>Out-Patient (OP)</p> <ol style="list-style-type: none"> 1. Doctor's request for diagnostic or laboratory test supported with results. 2. Prescription of medicines. 	

IMPORTANT REMINDER:

SLGFI reserves the right to ask for additional requirements or conduct an investigation if the above-mentioned standard requirements are deemed insufficient in rendering fair and correct judgement.