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Prepared by:	Approved by:
Name: Mohd. Shukri Bin Abdullah	Name: Nurfaezah Sharif
Position: Senior Executive, Human Capital and Administration Department	Position: Manager, Human Capital and Administration Department

# AMENDMENT RECORDS

No.	Date	Remarks	Revision No.	Approved by
1	11/04/18	Establishment	00	Senior Manager,
				HCAD
2	10/07/24	Review the whole content	01	Manager, HCAD
	00/40/04		00	
3	09/10/24	Amend the description	02	Manager, HCAD

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#### 1.0 OBJECTIVE

The objective of this SOP is to describe and accelerate the process of Staff Insurance Claim Application so that it could approve within the time frame.

### 2.0 SCOPE

This scope of this SOP applies to Academic and Non-Academic staff offered to work by the company.

#### **3.0 REFERENCES**

Insurance Broker (Transnational Insurance Broker (M) Sdn. Bhd.)

#### 4.0 DEFINITIONS / ABBREVIATIONS

UTS	:	University of Technology Sarawak
HCAD	:	Human Capital and Administration Department

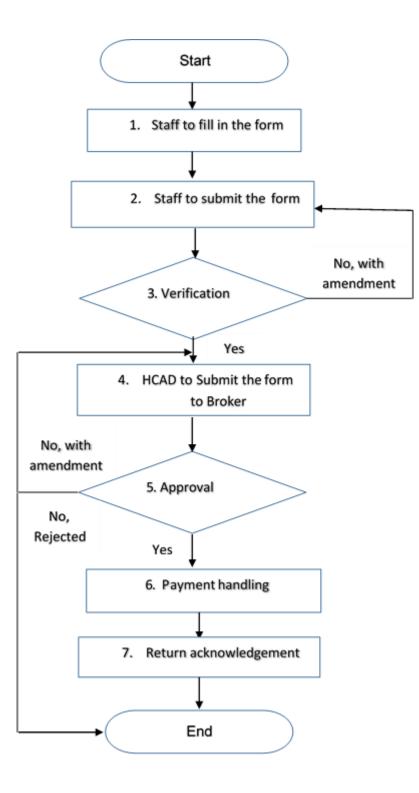
#### 5.0 **RESPONSIBILITY**

- 5.1 The Manager of HCAD is responsible to ensure that this SOP is adhered to the steps required by the Insurance Broker.
- 5.2 The Staff of HCAD is responsible to ensure that this SOP is adhered to the steps required by the Insurance Broker.

#### 6.0 PROCEDURE

6.1 Refer to the process flow chart.

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### 7.0 DESCRIPTION

NO	Description	Person in Charge	Document
1.	Staff to fill in the form 1.1 The form is emailed to the staff so that they can provide the form to the doctor. One of the section in the form need to be fill in by the doctor.	HCAD Staff	1. Statement of claim form
2.	Staff to submit the form 2.1 The staff to submit the form to HCAD Staff. The HCAD Staff will go through the form.	HCAD Staff	1. Statement of claim form
3.	Verification 3.1 The HCAD Staff to verify the form for the first time before it will be submitted to insurance broker. If yes, proceed to no. 4 If no, staff to provide more supporting documents and back to no. 2	HCAD Staff	1. Statement of claim form
4.	<ul><li>HCAD to submit the form to broker once completed</li><li>4.1 The information in the form is accurate and complete, the HCAD Staff will submit the form to the insurance broker to be process</li></ul>	HCAD Staff	1. Statement of claim form
5.	Approval 5.1 If yes, proceed to no. 6	HCAD Staff	

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	<ul><li>5.2 If no but amendable, proceed to no. 4</li><li>5.3 if no and not amendable, proceed to end</li></ul>	Insurance Broker Insurance Company	
6.	Payment handling Bursary office to receive the payment and credit to staff account	Insurance company Bursary office	
7.	Return acknowledgement 7.1 The acknowledgement to return to the insurance broker as prove that the claimer is receive the claim. 7.2 The HCAD Staff may scan and email to the person in charge.	HCAD Staff	<ol> <li>Acknowledgement form</li> </ol>

## 8.0 RECORDS

No	Title / Records	Location / Responsibility	<b>Retention Period</b>
1	Copy of the cover letter	Human Capital and	3 years
		Administration Department	
2	Copy of the application form	Human Capital and	3 years
		Administration Department	
3	Acknowledgement form	Human Capital and	3 years
	-	Administration Department	