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|  <b>UTS</b> | <b>STUDENT<br/>INSURANCE CLAIM</b> | <b>Doc. No:</b>     | <b>UTS/SDSC/P24</b> |
|  |                                    | <b>Revision No:</b> | <b>01</b>           |
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## 1.0 OBJECTIVE

The objective of this SOP is to ensure fair and un-bias systems are in place and achieve its effectiveness and efficiency for Student Insurance Claim.

## 2.0 SCOPE

This scope of this SOP applies to all active current students of UTS.

## 3.0 REFERENCES

Nil


## 4.0 DEFINITIONS / ABBREVIATIONS

UTS : University of Technology Sarawak  
 SDSC : Student Development & Services Centre  
 SOP : Standard Operating Procedure  
 HoD : Head of Department

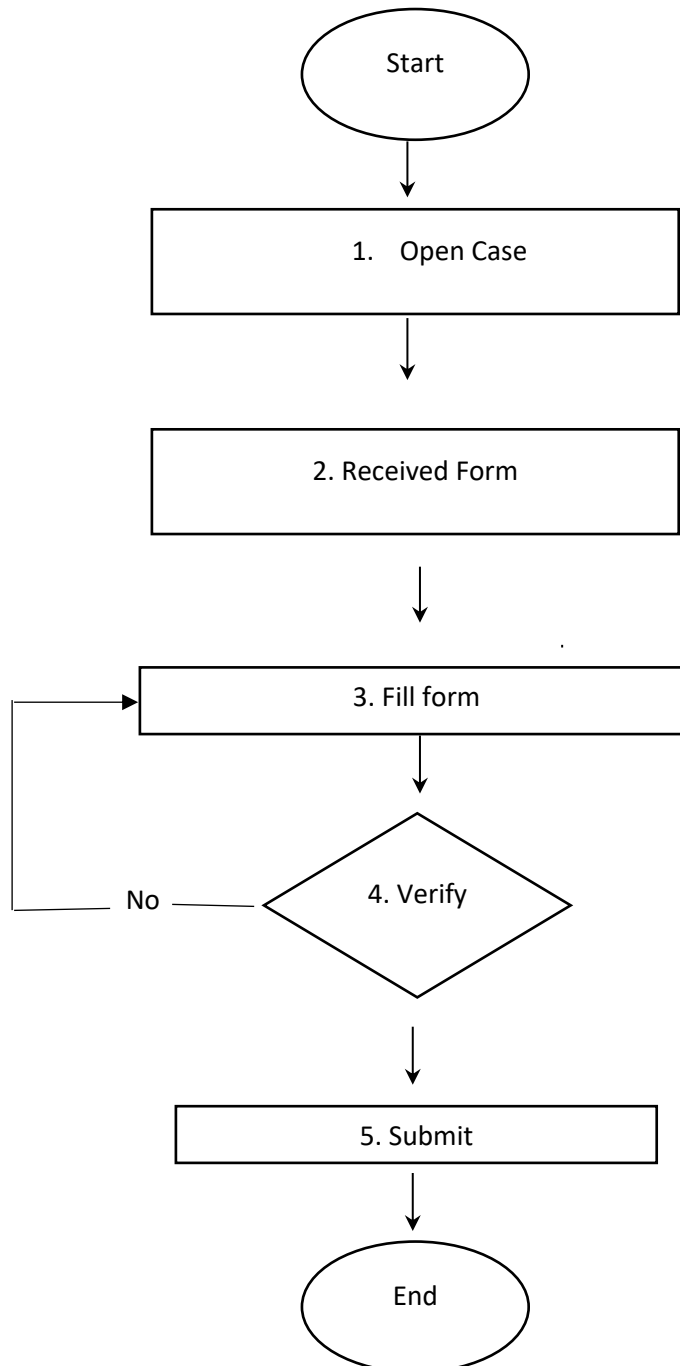
## 5.0 RESPONSIBILITY


5.1 The Director of SDSC is responsible to ensure that this SOP is adhered to.

5.2 SDSC staff is responsible to follow and adhere to this SOP.

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## 6.0 FLOW DIAGRAM OF PROCEDURE



|  |                                    |                     |                     |
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## 7.0 DESCRIPTION

| No | Description  | Person in Charge | Document             |
|----|--|------------------|----------------------|
| 1  | <b>Open Case</b><br>1.1 Email the Insurance agent to open a case for insurance claim purposes.   | Student          |                      |
| 2  | <b>Received Form</b><br>2.1 Received a form and verification letter from the Insurance agent's company.  | SDSC Staff       | Insurance Claim form |
| 3  | <b>Apply</b><br>3.1 The student needs to complete the insurance claim form and attach the requested documents as specified by the Insurance agent.   | SDSC Staff       | Insurance Claim Form |
| 4  | <b>Verify</b><br>4.1 The SDSC staff will check the form before submitting it to the insurance agent's company<br>4.2 If Yes- SDSC staff will submit the form along with requested the documents to the agent's company<br>If No- SDSC will notify the students to fill out the Insurance form again. | SDSC Staff       | Insurance Claim Form |
| 5  | <b>Submit</b><br>5.1 The SDSC Staff will submit the completed Insurance form along with requested documents to the insurance agent's company.  | SDSC Staff       | Insurance Claim form |

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## 8.0 RECORD

| <b>No</b> | <b>Title/ Records</b> | <b>Location/ Responsibility</b> | <b>Retention Period</b> |
|-----------|-----------------------|---------------------------------|-------------------------|
| 1         | Insurance Claim Form  | Department                      | 1 Year                  |