

**IMPORTANT NOTE: PLEASE RETURN THIS LETTER WHEN SUBMITTING
CLAIM UNDER COVID-19 MEDICAL PLAN COVERAGE**

CONFIRMATION OF ACCEPTANCE

Date:

To: Prudential BSN Takaful Berhad

I,.....NRIC No.

.....(address).....

.....,

declare that I am the participant of Certificate No.

I hereby confirm my acceptance that the claims submitted under COVID-19 Medical Plan Coverage (“this Campaign”) will be processed, managed and reimbursed based on terms and conditions set for this Campaign, Frequently Asked Questions as well as the eligibility criteria, which are made available in the corporate website of Prudential BSN Takaful Berhad (“PruBSN”). I also understand that the reimbursement provided shall reduce any annual limit, lifetime limit and smart value point that apply to the medical plan under the Certificate.

Signed by,

Witnessed by,

.....
Signature of Participant
Name :
NRICNo. :
Telephone No:

.....
Signature of Witness
Name :
NRIC No. :
Telephone No :