



CONTENTS

CONTENTS..... 1

Claims Portal - User Guide 2

Motor Claim Notification 3

 Select User Role 4

 Select Claim Category 4

 Additional step if role selected as Agent/Broker 5

 Additional step if role selected as Third Party Solicitor 6

 Milestone 1 - Policyholder Details 7

 Milestone 1 - Claimant Details if role selected as Third Party Claimant..... 8

 Milestone 2 - Incident Details 9

 Milestone 3 - Upload Documents 10

 Milestone 4 – Summary 13

Claim Enquiry 15

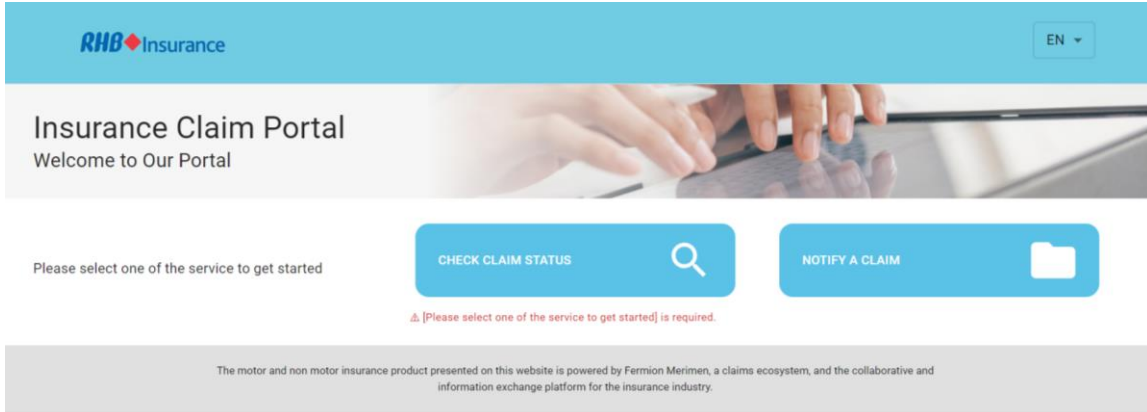
Motor Claims Enquiry 15

For optimal screen accessibility, please use **MS Edge or Chrome** browsers.

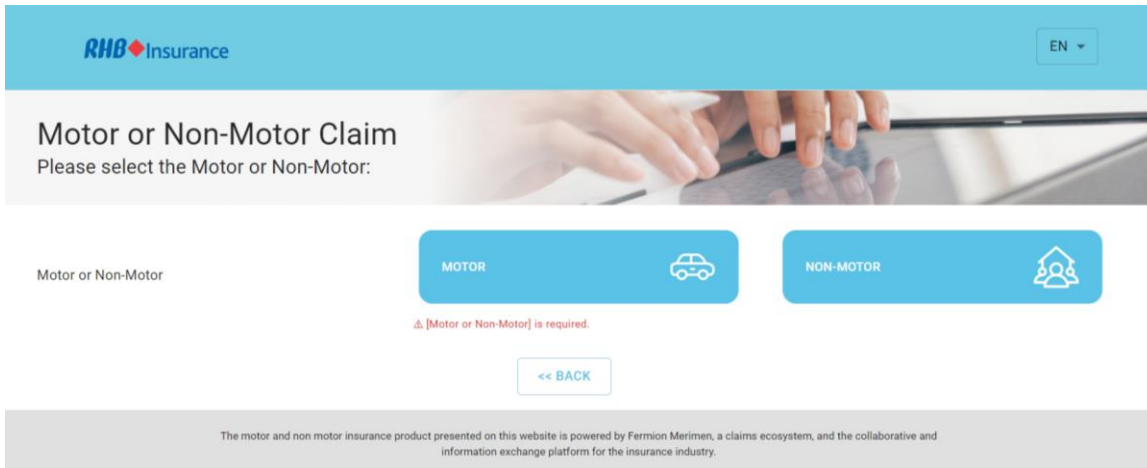
Claims Portal - User Guide

You will encounter two options:

- (1) **Check Claim Status** - enables you to track the status and progress of your claims registered with us.
- (2) **Notify A Claim** - enables you to submit a claim along with the necessary supporting documents.



Choose '**Notify A Claim**,' and you will be redirected to the Claim Type screen. Select the claim type you wish to submit: **MOTOR** or **NON-MOTOR**.



Motor Claim Notification

Mandatory fields are highlighted in red. For vehicle accident-related claims, choose **MOTOR**.

Upon selection, you will be redirected to the Notification screen. Please provide your **Email Address**, used for correspondence, and **Vehicle Registration No.** involved in the accident for the claim.

No	Field Name	Remarks
1	Your Email Address	Kindly update the contact information for the person submitting the claim for correspondence.
2	Your Vehicle Registration No	If you are the policyholder/driver/agent/broker submitting the claim, please update the insured's vehicle number. If you are the third-party solicitor/third-party claimant submitting the claim, please update the claimant's vehicle number.
3	I am submitting a claim as a Third Party for non-vehicle damage.	If you are a representative of the third-party claimant submitting a non-vehicle damage claim (e.g., property damage or bodily injury), click on the box. You will not be required to key in the 'Your Vehicle Registration No.'
4	Consent	Please click on the Consent box if you agree after reading the consent.

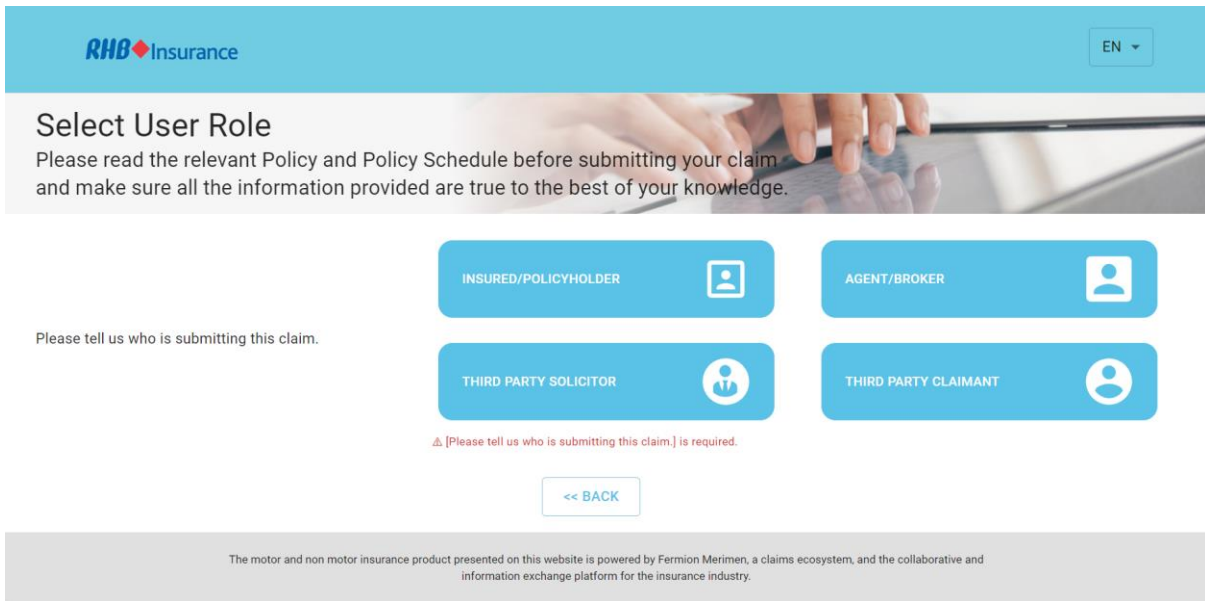
Click '**Submit**' to proceed to the next step.

Select User Role

After completing the details, you will be redirected to the Intimation Role screen. Please select your role in submitting the claim. This field is mandatory, and you are required to make a selection.

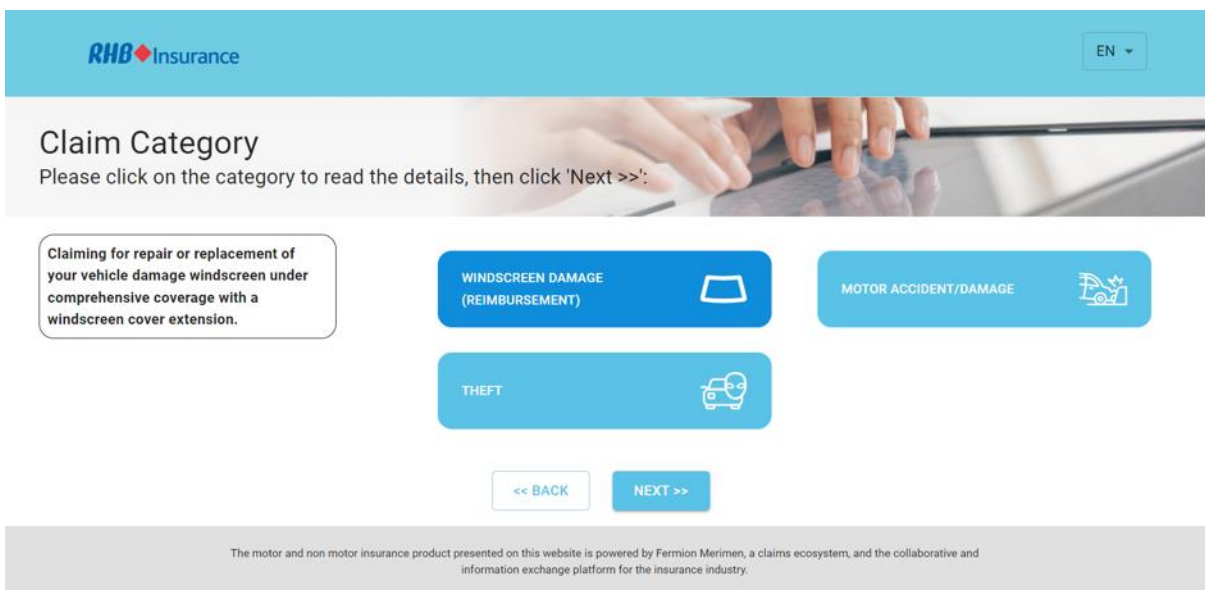
Here are the options for selecting your role in submitting the claim:

- (1) Select **INSURED/POLICYHOLDER** if you are the policyholder and submitting the claim
- (2) Select **AGENT/BROKER** if you are the intermediary representing your client submitting the claim
- (3) Select **THIRD PARTY SOLICITOR** if you are a lawyer firm representing your client submitting the claim
- (4) Select **THIRD PARTY CLAIMANT** if you are the claimant who is not insured by the insurer.



Select Claim Category

After completion, you will be redirected to the Claim Category screen. Please select one claim category from the list provided, and click 'Next' to proceed.



Note: The brief description of the selected claim category will be displayed on the left side for reference.

Upon clicking 'Next,' you will be redirected to the Claims Details screen. There are four main milestones + additional steps to complete depending on the role that you selected. For example, if the role is AGENT/BROKER, you will be required to key in the agent/broker details as below:

Additional step if role selected as Agent/Broker

Mandatory fields are highlighted in red.

No	Field Name	Remarks
1	Agent Type	Select either 'Agent' or 'Broker' from the provided box.
2	Agent/Broker Name	Please update the registered agent/broker name.
3	Agent/Broker Code	Please update the agent/broker code assigned by the insurer.
4	Agent/Broker Mobile Number	Please update the agent's/broker's mobile phone number for correspondence.
5	Agent/Broker Email Address	The email address will automatically default from the notification page if you have selected Agent/Broker submitting the claim.

After completion, select 'Next' to proceed.

Additional step if role selected as Third Party Solicitor
 Mandatory fields are highlighted in red.

No	Field Name	Remarks
1	Solicitor Name	Please update the registered solicitor's company name.
2	Solicitor Email Address	Please update the solicitor's contact person's email address.

After completion, select 'Next' to proceed.

Milestone 1 - Policyholder Details

Mandatory fields are highlighted in red.

RHB Insurance
EN ▾

Policyholder Details
Incident Details
Upload Documents
Summary

Policyholder/Insured Details

Insured Type *

Individual
 Company
* [Insured Type] is required.

Policyholder/Insured Name *

Policyholder/Insured Name

* [Policyholder/Insured Name] is required.

Policyholder/Insured ID No

Co. Reg. No
 NRIC
 Passport No

Policyholder/Insured ID No

Policyholder/Insured Mobile Number *

Policyholder/Insured Mobile Number
🇲🇾 ▾

* [Policyholder/Insured Mobile Number] is required.

Policyholder/Insured Email Address

Policyholder/Insured Email Address
abc@gmail.com

Policyholder/Insured's Driver Details

Was the policyholder driving the car during the incident?

No
 Yes

Name of Driver *

Name of Driver

* [Name of Driver] is required.

Driver Mobile Number *

Driver Mobile Number
🇲🇾 ▾

* [Driver Mobile Number] is required.

Driver Email Address

Driver Email Address

<< BACK
SAVE FOR LATER
NEXT >>

No	Field Name	Remarks
1	Insured Type	Select either 'Individual' or 'Company' from the provided box.
2	Policyholder/Insured Name	Please update the policyholder's name insured with the insurer.
3	Policyholder/Insured ID No	Please update the policyholder's identity card type and number.
4	Policyholder/Insured Mobile Number	Please update the policyholder's mobile phone number for correspondence
5	Policyholder/Insured Email Address	The email address will automatically default from the notification page.
6	Policyholder/Insured's Driver Details	If you select 'Yes,' it will copy policyholder details for the driver details section. If you select 'No,' you will be required to complete the Driver's fields from 6a to 6c.
6a	Name of Driver	Please update the driver's name.
6b	Driver Mobile Number	Please update the driver's mobile phone number.
6c	Driver Email Address	Please update the driver's email address.

After completion, select **'Next'** to proceed.

Milestone 1 - Claimant Details if role selected as Third Party Claimant

Mandatory fields are highlighted in red.

No	Field Name	Remarks
1	Claimant Type	Select either 'Individual' or 'Company' from the provided box.
2	Claimant Name	Please update the claimant's name
3	Claimant ID No	Please update the claimant's identity card type and number.
4	Claimant Mobile Number	Please update the claimant's mobile phone number for correspondence
5	Claimant Email Address	The email address will automatically default from the notification page.
6	Claimant's Driver Details	If you select 'Yes,' it will copy claimant's details for the driver details section. If you select 'No,' you will be required to complete the Driver's fields from 6a to 6c.
6a	Name of Driver	Please update the driver's name.
6b	Driver Mobile Number	Please update the driver's mobile phone number.
6c	Driver Email Address	Please update the driver's email address.

After completion, select 'Next' to proceed.

Milestone 2 - Incident Details

Mandatory fields are highlighted in red.

After completing the Policyholder or Claimant details, you will be redirected to the Incident Details screen.

No	Field Name	Remarks
1	Your Vehicle Registration No	The vehicle number will automatically default from the notification page
2	Third Party Vehicle Registration No	Update the insured's vehicle number insured with the insurer if you are a Third Party Solicitor or Third Party Claimant claiming third-party vehicle damage claim.
3	Policy No.	Please update the insured's policy number (if available).
4	Accident/Loss Date & Time	Update the date and time of the incident as stated in the police report. Date: key-in or select from the calendar, Time: select from the dropdown list provided
5	Brief Circumstances of Loss	Please update the brief description of the cause of the loss and damage and how it occurred.

No	Field Name	Remarks
6	Location of Accident	Please update the location of the incident (if available). If you select 'No,' you will be required to complete the Driver's fields from 6a to 6c.
7	Total Amount Claimed	Please update the approximate/rough estimate of the total claim amount in numeric only.
8	Remarks	Update your message/remarks to the insurer (if available).
9	Bank Details	Please update the bank information where the amount of the said claim would be credited (if available) - fields 9a to 9c.
9a	Bank Name	Select from the dropdown list provided.
9b	Bank Account Holder Name	Please update the bank account holder's name.
9c	Bank Account Number	Please update the bank account number.

After completion, select '**Next**' to proceed.

Milestone 3 - Upload Documents

Mandatory fields are highlighted in red.

After completing the Incident details, you will be redirected to the Upload Documents screen.

It is advised to prepare copies of the documents before proceeding with the Online Claim Submission process to prevent the webpage from expiring before the submission can be completed.

Kindly prepare the copies of the required documents in PDF or JPEG/PNG formats, and ensure the file size does not exceed 6MB each.

Please ensure the image of the document is legible before proceeding further.

Policyholder Details

Incident Details

Upload Documents

Summary

Documents Upload

Police Report

UPLOAD FILES...

A Police Report is required.

Accident Scene Photo

UPLOAD FILES...

Insured's NRIC

UPLOAD FILES...

Insured's Driving License

UPLOAD FILES...

Driver's NRIC

UPLOAD FILES...

Driver's Driving License

UPLOAD FILES...

Vehicle Registration Card

UPLOAD FILES...

Business Registration Form/SSM Certificate (for company only)

UPLOAD FILES...

Others

Any other relevant documents to support your claim.

UPLOAD FILES...

← BACK

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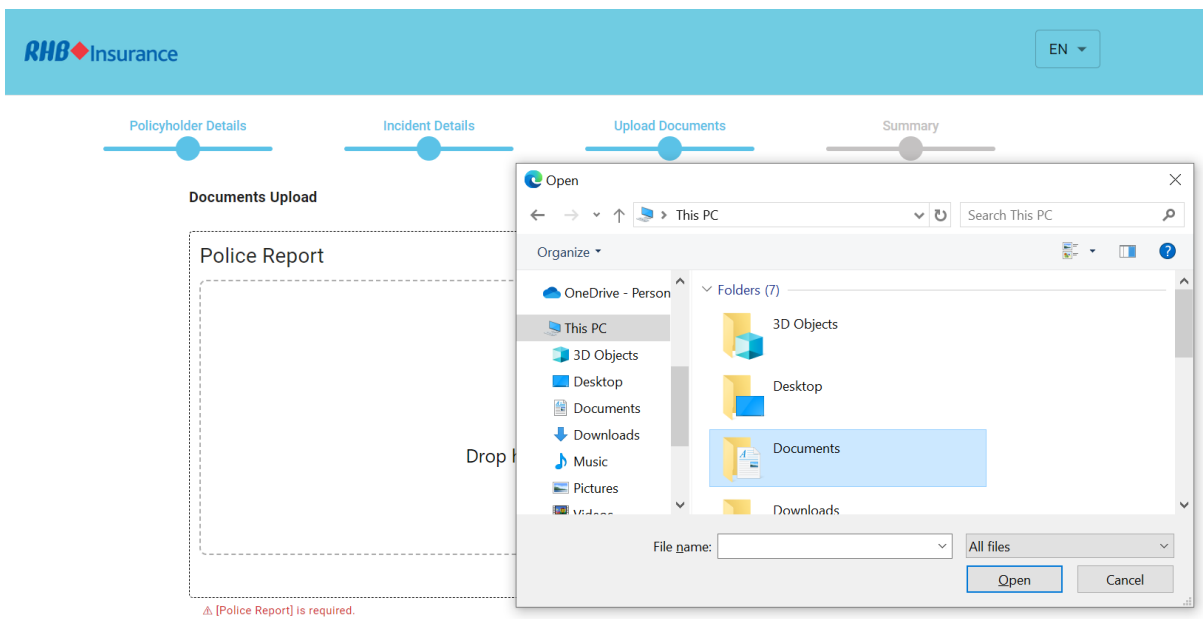
NEXT →

To upload additional documents, click on **'UPLOAD FILES'** in the **'Others'** box. You can upload extra or additional documents not listed in the document upload screen. You may input your own description upon uploading. After completion, select **'Next'** to proceed.

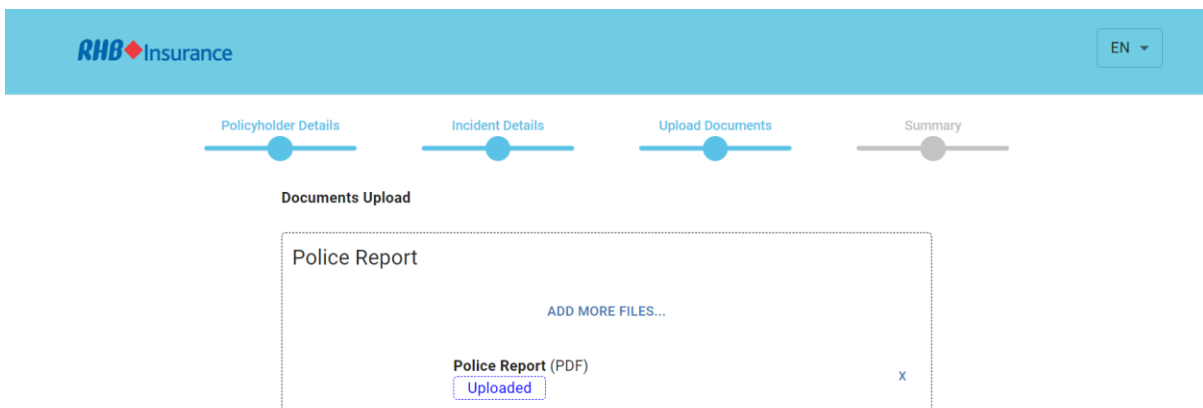
Note: Please note that the attached document is not intended to be all-inclusive, as the need for additional information/documents may become necessary during the course of the person in charge verification.

Follow these steps to upload the documents:

- (1) Click on the **'UPLOAD FILES'** box.
- (2) A drop box will be displayed for drag and drop or browsing from the computer/mobile phone.
- (3) Select **'browse,'** a window will be launched to allow you to select the document to be uploaded.
- (4) Choose the location where you have saved the file on your computer or mobile phone.
- (5) Select the document name you wish to upload, followed by selecting **'Open,'** and the file will be uploaded.




- (6) A successful upload will be displayed as follows:



- (7) Click on **'ADD MORE FILES'** if you wish to upload more copies of the same document.
- (8) Click on **'X'** if you wish to delete/remove the uploaded file.

Milestone 4 – Summary

After completing the upload of documents, you will be redirected to the Summary screen to reconfirm the details and documents that you have keyed in and uploaded before submission.



EN ▾

Policyholder Details

Incident Details

Upload Documents

Summary

∨ Your Information

Who is submitting this claim?	Insured/Policyholder
Claim Type	WS

∨ Policyholder Details

Insured Type (Individual / Company)	Individual
Name	Ali bin Ahmad
Insured ID Type	NRIC
Insured ID Number	881022-58-2323
Mobile Number	012 1234567
Email Address	abc@gmail.com

∨ Policyholder Driver Details


Driver Name	Ahmad bin Bakar
Driver Mobile Number	016 7891011
Driver Email Address	

∨ Incident Details

Your Vehicle Registration Number	ABC1234
Policy Number	
Accident/Loss Date	01/01/2024
Third Party Vehicle Registration No	
Brief Circumstances of Loss	Flood damage
Total Amount Claimed	
Remarks	

∨ Documents Uploaded

Documents Uploaded


Police Report

∨ Declaration

Declaration/Consent

I/We hereby confirm that all information declared are true and accurate as at the date of declaration. I/We have also sighted the original documents and all copies of documents are identical with the original ones.

I/We have not withheld any information whatsoever regarding the claim submission knowing that it is my/our duty to take reasonable care not to make a misrepresentation in submitting the claims in connection with the incident, and that my/our claim may be rejected if there is any misrepresentation by me/us.

A [Declaration/Consent] is required.

<< BACK

SAVE FOR LATER

SUBMIT >>

13

Click on the Declaration/Consent box if you agree after reading the consent and select **SUBMIT** to proceed to the next step.

Upon successful submission, a Thank you message will be displayed to confirm that your submission is successful, and an acknowledgment email will be sent to the email address that you have provided during the notification page.

Thank you for submitting this claim.

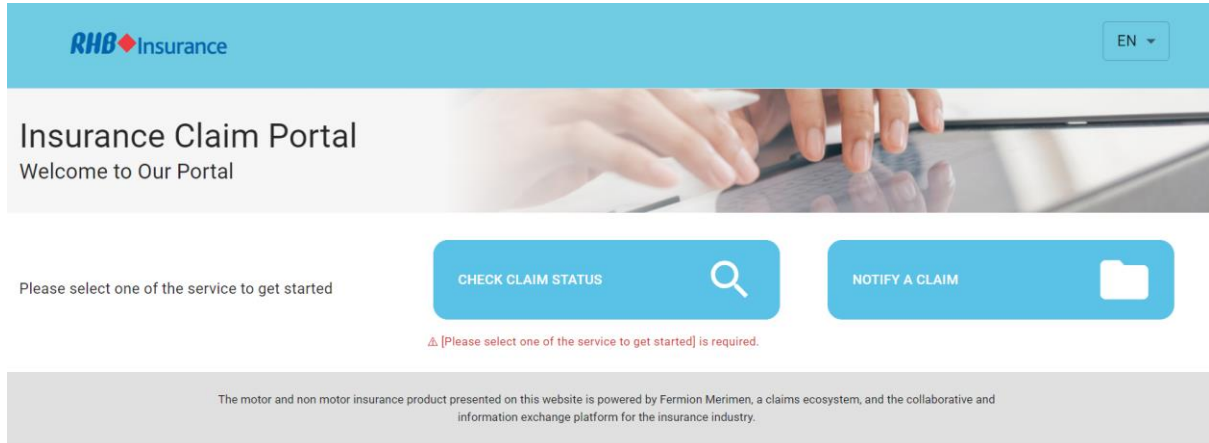
For status/check, please visit our website for Claim Status Enquiry.

[MAKE A NEW CLAIM](#)

Claim Enquiry

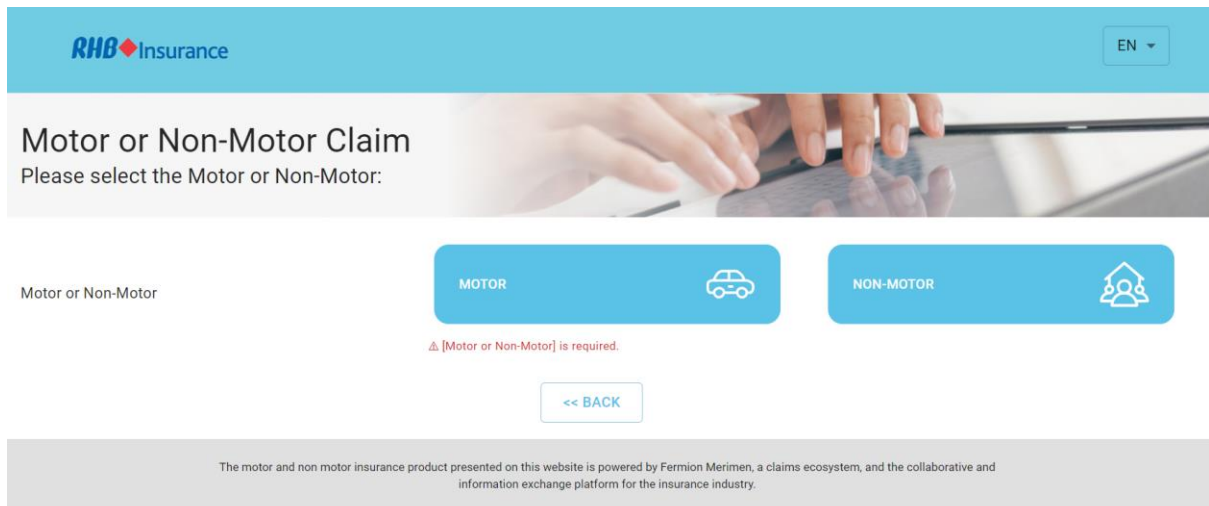
Claim Enquiry empowers customers to check claim and repair status, upload extra documents, and print standard forms such as offer letters and discharge vouchers.

Select **CHECK CLAIM STATUS**



Motor Claims Enquiry

Select **MOTOR**



Upon selection, additional fields will be displayed.


Motor Claims Enquiry

Vehicle No of Policyholder

Vehicle No of Policyholder

⚠ [Vehicle No of Policyholder] is required.

Accident/Loss Date

Accident/Loss Date 

⚠ [Accident/Loss Date] is required.

Insured ID Number

Insured ID Number Type

Co. Reg. No

NRIC

Passport No

⚠ [Insured ID Number Type] is required.

Insured ID Number

⚠ [Insured ID Number] is required.

Pin Code

Pin Code

⚠ [Pin Code] is required.

<< BACK

SUBMIT >>

No	Field Name	Remarks
1	Vehicle No of Policyholder	Update the insured's vehicle number.
2	Accident/Loss Date	Update the date of the accident (dd/mm/yyyy) as stated in the police report or click on the calendar to select the date.
3	Insured ID Number	Update the Insured's identification type and number.
4	Pin Code	Update the PIN (claims reference number) sent to you via email.

Upon completion, click **SUBMIT** to proceed. After retrieving the claim, you can review details such as Claim Progress, Insurance Information, Communication Tools, Downloadable Forms, and upload any additional supporting documents requested by the insurer.

Claim Enquiry Result

 ▾ **Claim Progress**

Claim Status	This claim is Pending Claimant Acceptance
Total Offered Amount (RM)	1,322.00
Approval Date	23/03/2022

 ▾ **Insurance Details**

Insurance Company	Beta Insurance
Claim Handler	David S. Coperfield (Tel: 603 1234 5678 ex1234)

 ▾ **Repairer Details**

Workshop/ Repairer	RO Workshop Sdn Bhd (Tel: 03-3843898) (Address: 9, Jalan Jejaka Lima Taman Maluri)
Estimated Duration of Repair	5 Day(s)

 ▾ **Information**

Notification From	Insured/Agent/Broker
Claim Reference No	SAD1231DASDAS
Accident/Incident Date	20/01/2022
Claim Submission Date	06/02/2022
Claim Type	OD
Vehicle Reg. No.	DDR6158
Vehicle Make & Model	PERODUA Alza 2009 On
Policyholder Name	QWR QMOM WOF QIDQR
Policy No	V2536531
Driver Name	QWR QMOM WOF QIDQR
Claimant Name	
Adjuster	

 ▾ **Communication Tool**

Telephone No	03-8888 8888
E-mail Address	claims@beta.com

Forms for Download

Forms Available

- Claim_Form
- ePayment_Form
- Insurer Offer Letter/DV

Additional Documents Upload

Additional Documents

Attach any other additional support documents here (if any).

UPLOAD FILES...