

Thank you for choosing **Forte Insurance (Cambodia) Plc.** for health and accidental bodily harm protection.

The procedure is different for treatment at **1 Forte Panel Hospitals**, **2 NSSF Network Hospitals** and **3 other licensed Hospitals**.



**1. Notification:**

**1** In the event of an accident or sickness, you can have an option to seek treatment at a **Forte Panel Hospital** **without having to pay the hospital bills**. However, you **have to pay the remaining excess** if your policy includes an **Annual Excess**, and you shall also check the medical documents and sign the invoices before discharge from hospital.

*\* Please find an updated **Panel Hospital list** from our website.*

**2** If you also have coverage from the **National Social Security Fund (NSSF)**, you can get treatment at a NSSF Network Hospitals and covered by the NSSF. You **cannot claim your medical expenses** from **Forte**, but you are **entitled to claim the NSSF Supplementary Daily Hospital Cash Allowance** in accordance with a benefit plan you bought.

*\* In this case, you have to **notify Forte within 30 days of your first treatment date**.*

**3** You can also seek treatment at **other licensed Hospitals** within your coverage territory. However, you have to **pay the hospital bills by yourself first**, and submit your claim documents to **Forte** later. In addition, you will bear the **remaining excess** if your policy also includes an **Annual Excess**.

*\* In such case, you also have to **notify Forte within 30 days of your first treatment date**.*

## 2. Required Documents:

**1**

If you get treatment at a **Forte Panel Hospital**, the required documents are as follows:

- Your **Hospital + Surgical Insurance** membership card,
- Your **National ID card**, **Employee card**, **Passport** or an equivalent document, and
- A **Claim Form - Part 1** duly completed and signed by you (available at Panel Hospitals).

The **Panel Hospital** will submit claim documents to **Forte** directly.

**2**

After getting treatment at an **NSSF Network Hospital**, you are required to submit the following claim documents to Forte within **30 days** after the end of the period of your notification if you need to claim the **NSSF Supplementary Daily Hospital Cash Allowance**:

- A **Claim Form - Part 1** duly completed, signed and **stamped** by you and the Policyholder,
- A copy of your **Hospital + Surgical Insurance** membership card,
- An **Authorization Letter for Claim Payment** and a copy of the payee's **National ID card**,
- A **Medical Certificate** (an outpatient case) or **Discharge Letter** (an inpatient or surgery case), and
- **NSSF hospital bills** as well as other related documents.

**3**

If you get treatment at **other licensed Hospitals**, you have to submit the following claim documents to Forte within **30 days** after the end of the period of your notification:

- A **Claim Form - Part 1** duly completed, signed and stamped by you and the Policyholder,
- A **Claim Form - Part 2** duly completed and signed by the attending doctor or surgeon with the hospital stamp,
- A copy of your **Hospital + Surgical Insurance** membership card,
- An **Authorization Letter for Claim Payment** and a copy of the payee's **National ID card**,
- A **Medical Certificate** (an outpatient case) or **Discharge Letter** (an inpatient or surgery case),
- **Medical Test Results** (if the expenses are included in the hospital bills),
- **Prescriptions** with diagnosis, issue dates, stamps, names and signatures of the doctors,
- **Original Invoices** with issue dates, unit prices, actual total costs and the hospital stamps, and
- Other relevant documents (if required).

## 3. Claim Submission:

Please submit your claim documents to **Forte Insurance (Cambodia) Plc.** at the following addresses:

- **Phnom Penh** : (1) Vattanac Capital Tower, Level 18, No.66 Monivong Blvd, Sangkat Wat Phnom, Khan Daun Penh  
(2) City Tower, Level 1, No. 321, Mao Tse Toung Blvd, Sangkat Phsar Depot I, Khan Toul Kork
- **Siem Reap** : Mondul Stat Chas, Sangkat Svay Dangcum, Krong Siem Reap
- **Battambang** : No. 26, National Road No.5, Phum Romchek 5, Sangkat Ratanak
- **Kampong Cham** : No. 08, Soramarith St, Phum 3, Sangkat Veal Vong, Krong Kampong Cham
- **Sihanoukville** : Phum 3, Sangkat 1, Phreak Sihanuk.

#### 4. Claim Settlement:

- 1** If you get treatment at **Forte Panel Hospitals**, you have to pay the **remaining excess** if your policy includes an **Annual Excess** before discharge. Moreover, the **Policyholder** must reimburse **Forte** for **expenses** which are **over the maximum limits** specified in the Insurance Schedule and/or for **expenses** which are **excluded** by virtue of the **Limitations, Exclusions** and other relevant **Conditions** of the **Policy**. **Forte** will settle the balance of the claimed amount directly with the Panel Hospitals.
- 2** If you get treatment at **NSSF Network Hospitals**:

  - Your claim for the **NSSF Supplementary Daily Hospital Cash Allowance** will be **processed and settled** within **14 working days on receipt of complete documents**,
  - You will be informed in the event of incomplete documents,
  - You will be informed whether your claim is payable or not,
  - If your claim is payable, the payment will be made by cheque for the amount above \$100.00 and in cash for the amount below or equal to \$100.00, and
  - You will be informed whether your **NSSF hospital bills** can be used to deduct the **remaining excess** or not if your policy includes an **Annual Excess**.
- 3** If you get treatment at **other licensed Hospitals**:

  - Your claim will be processed and settled within **14 working days** on receipt of complete documents,
  - You will be informed in the event of incomplete documents,
  - You will be informed whether your claim is payable or not,
  - If your claim is payable, the payment will be made by cheque for the amount above \$100.00 and in cash for the amount below or equal to \$100.00, and
  - You will have to bear the **remaining excess** if your policy includes an **Annual Excess**.

#### 5. How the Annual Excess works:

**Forte** will deduct the **Annual Excess** per **Insured Member** during the **Period of Insurance** from any **claimed amount** covered by the Policy, for example:

- 1** You get treatment at a **Forte Panel Hospital**, and your claim is covered for **US\$ 600.00**. If you bear an **Annual Excess** of **US\$ 250.00** from your policy, you have to pay this excess at the hospital before discharge, and **Forte** will pay the balance of **US\$ 350.00** to the hospital. In this regard, the **annual excess** will be fully eroded, and there will be no excess for your next treatments.
- 2** You get treatment at an **NSSF Network Hospital**, and the **hospital bills** are covered by **NSSF** for **US\$ 600.00**. Your policy includes an **Annual Excess** of **US\$ 250.00**. **Forte will not pay the bills, but will use them to deduct this annual excess**. In this case, the **excess** will become **US\$ 0.00**. Therefore, there will be no excess left next time. In addition, you are also entitled to claim your **NSSF Supplementary Daily Hospital Cash Allowance** from **Forte** up to your plan limit.
- 3** You get treatment at a **licensed hospital**. Then **you have to pay the bills by yourself first**, and **submit your claim to Forte afterward**. If the claim is covered by **Forte** for **US\$ 600.00** and your **Annual Excess** is **US\$ 250.00**, **Forte will deduct this annual excess and will pay you only US\$ 350.00** and. In this case, the **excess** will become **US\$ 0.00**. Therefore, there will be no excess left next time.

**Notes:**

- ☞ Only the **eligible and payable portion of a claim** made under the Policy **can be used to deduct the Annual Excess**.
- ☞ Although **your treatment**, for which you pay our panel hospital directly, **costs less than your annual excess**, please **also inform us** in order that we can deduct your remaining excess for your next treatment in the same period of insurance.
- ☞ The **Annual Excess** applies to insured members individually for the period of insurance, and therefore they cannot share the payable portions of their claims to reduce each other’s remaining excess.
- ☞ You will be exempt from your **Annual Excess** in your current period of insurance provided that it is fully deducted.
- ☞ It does not matter how many claims you make for the same or different medical conditions, but you have to bear your **Annual Excess** until it becomes zero in your period of insurance.
- ☞ The **Annual Excess** applies to **each member for each period of insurance**. This means that your **remaining excess** will be deducted from payable amounts of your claims, which you incur during each period.
- ☞ If your claim flows into your policy renewal, the excess will be deducted from the payable amounts both before and after the policy renewal.

**6. Contact for Inquiry:**

- Team : [A&H Claim Team](#)
- Helpline : 089 666 797
- Email : [anhclaims@forteinsurance.com](mailto:anhclaims@forteinsurance.com)

**7. Contact for Complaint:**

- Team : [A&H Complaint Team](#)
- Email : [anhcomplaint@forteinsurance.com](mailto:anhcomplaint@forteinsurance.com)

We value honest complaint because it identifies areas for improvements, and it helps us provide our customers with a better experience.

*Forte Insurance (Cambodia) Plc. reserves right to update this Claim Procedure without prior notice.  
You can get updated Claim Procedure from our Website [www.forteinsurance.com](http://www.forteinsurance.com)*

