

Insurers vow to handle claims fairly and without delay



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PETALING JAYA: While keeping premiums sustainable for all Malaysians, insurance and takaful companies say handling medical claims fairly, transparently and without delay is their foremost priority.

In a joint statement, the Life Insurance Association of Malaysia (LIAM), General Insurance Association of Malaysia (PIAM) and the Malaysian Takaful Association (MTA) said insurers and takaful operators are responsible for paying all eligible claims and safeguarding the collective medical claims pool for the benefit of policyholders.



The associations said they are aware of recent concerns over delays and pre-authorisation issues but recognised the importance of timely access to critical treatments, including cancer care.

To demonstrate their commitment, they said industry data showed an average medical claims approval rate of more than 90%, with over one million claims approved every year.

“Most rejections are due to policy exclusions, treatments unrelated to admission, non-disclosure, pre-existing conditions or failure to meet eligibility criteria,” they said.

According to the associations, a Malaysia Insurance and Takaful Customer Satisfaction Survey last year involving 2,796 policyholders also recorded encouraging outcomes, with insurers and takaful operators scoring between 84 and 89 out of 100 in responsiveness, trustworthiness, satisfaction and peace of mind.

They said to further strengthen transparency and communication with hospitals, healthcare professionals and regulators, several measures will be prioritised.



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These include resuming the industry grievance mechanism committee to serve as a platform for resolving issues raised by policyholders, hospitals and doctors.

Another initiative, they said, involves setting up internal working groups among insurers, takaful operators and third-party administrators to analyse the root causes of disputes and find long-term solutions.

They said they operate under Bank Negara’s regulatory framework which provides structured channels for appeals, grievance review and regulator intervention.

Bank Negara has also been invited to conduct a thematic inspection into industry claims practices to identify areas of improvement.

The associations said the industry continues to review underwriting and claims guidelines to meet evolving medical standards while keeping premiums sustainable.

Efforts will also be stepped up to better educate policyholders on coverage, pre-authorisation requirements and treatment options.

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