



KITA KONGSI SDN BHD, C/O WEWORK  
LEVEL 18, EQUATORIAL PLAZA, JALAN  
SULTAN ISMAIL, 50250 KUALA LUMPUR  
W.P. KUALA LUMPUR MALAYSIA.

+6011-1303 3131 |info@wekongsi.com

### SHARING REPORT MAY 2025

Period : 7<sup>th</sup> April 2024 to 6<sup>th</sup> May 2025

Total Members	Active Members (Pass 90 days waiting period)	Total Approved Cases	Total Medical Cost
3125	2214	14	RM102,616.15

Total Medical Cost	RM102,616.15
Last Month Extra Shared	RM5.37
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	2214
Each Member Share (Before rounding)	RM46.3463
Each Member Share (After rounding)	RM46.35
Total Share	RM102,618.90
Extra bring to Next Month	RM8.12
Unsettlement Cost to Carry Forward	RM0.00

Case No.	Member Name	Member NRIC	Approved Amount	Hospital Name
1	NOR S	0303	RM8,156.30	PANTAI HOSPITAL KLANG
2	LUQM	9704	RM9,441.80	PANTAI HOSPITAL BATU PAHAT
3	MOHD	8304	RM18,241.80	KMI KUALA TERENGGANU MEDICAL CENTRE
4	NUR S	2203	RM5,785.50	ORIENTAL MELAKA STRAITS MEDICAL CENTRE
5	NUR S	8806	RM5,121.73	ORIENTAL MELAKA STRAITS MEDICAL CENTRE
6	NIK M	2406	RM3,101.10	KMI KELANA JAYA MEDICAL CENTRE
7	ADAM	1908	RM5,711.15	KPJ AMPANG PUTERI SPECIALIST HOSPITAL
8	ALEES	2210	RM2,953.60	SALAM SENAWANG SPECIALIST HOSPITAL
9	CHE S	9511	RM3,657.50	AURELIUS HOSPITAL PAHANG
10	AZHAF	7905	RM15,483.67	COLUMBIA ASIA HOSPITAL - BUKIT RIMAU
11	ADAM	1011	RM4,644.05	ARA DAMANSARA MEDICAL CENTRE
12	MUHA	9804	RM6,403.90	KPJ KLANG SPECIALIST HOSPITAL
13	NAHA	8504	RM6,773.75	KPJ TAWAKKAL KL SPECIALIST HOSPITAL
14	ADAM	1908	RM7,140.30	KPJ AMPANG PUTERI SPECIALIST HOSPITAL

Case No.	Diagnosis	Admission Date	Discharge Date
1	MULTIPLE SUPERFICIAL INJURIES, UNSPECIFIED	3/2/2025	7/2/2025
2	VIRAL FEVER, UNSPECIFIED	12/2/2025	17/2/2025
3	APPENDICITIS, ACUTE	17/2/2025	19/2/2025
4	PNEUMONIA, UNSPECIFIED	19/2/2025	22/2/2025
5	VIRAL FEVER, UNSPECIFIED	19/2/2025	21/2/2025
6	NONINFECTIVE GASTROENTERITIS AND COLITIS, U	21/2/2025	23/2/2025
7	BRONCHITIS ACUTE, UNSPECIFIED	27/2/2025	1/3/2025
8	FEVER, UNSPECIFIED	1/3/2025	3/3/2025
9	UTI - URINARY TRACT INFECTION, SITE NOT SPECI	4/3/2025	6/3/2025
10	Haemorrhoids, unspecified	10/3/2025	13/3/2025
11	BRONCHOPNEUMONIA	11/3/2025	14/3/2025
12	ANKLE - SPRAIN AND STRAIN OF ANKLE	16/3/2025	18/3/2025
13	BRONCHITIS ACUTE, UNSPECIFIED	18/3/2025	21/3/2025
14	BRONCHITIS ACUTE, UNSPECIFIED	24/3/2025	27/3/2025



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### Supporting Documents



EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS  
Level 2, Bangunan MMA, 124 Jalan Pahang  
Kuala Lumpur 53000 WP Kuala Lumpur  
Tel: 03 9213 0103

### **HOSPITALISATION FINAL GUARANTEE LETTER**

Our Ref: WK25/WKSB/25/IP000001

Issue Date: 03/02/2025

#### **Hospitalisation Information**

To Hospital: PANTAI HOSPITAL KLANG

Patient Name: NOR S [REDACTED]

Patient NRIC: 03032 [REDACTED]

Date of Admission: 03/02/2025

Date of Discharge: 07/02/2025 12:00:00 AM

Admitting Diagnosis: MULTIPLE SUPERFICIAL INJURIES,  
UNSPECIFIED

Final Diagnosis: MULTIPLE SUPERFICIAL INJURIES,  
UNSPECIFIED

Treating Doctor: CONSULTANT SPECIALIST

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 8156.30

Issued by: DVYA BARATHI A/P JAI CHANDRAN

Employer Name: KITA KONGSI SDN BHD

#### **Insurance Policy Information**

Insurer: WE KONGSI SDN BHD

Policy Number: WEKONGSI01012025

Policy Holder Name: KITA KONGSI SDN BHD

Plan No: WE KONGSI DELUXE

Employee Name: NOR [REDACTED]

Employee ID: 20241119968871

Relationship: Self

Duration of Admission:

EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS hereby guarantees to bear the  
medical and surgical expenses for the treatment incurred by the aforesaid patient for the  
admitting diagnosis only at your hospital during the aforesaid specified date(s)

**This guarantee letter is valid for ONE ADMISSION ONLY**

**This guarantee letter is the FINAL guarantee amount and shall supersede all guarantee letters issued previously in  
respect of admission of the above patient**

**This guarantee does not cover the following items and shall be borne by the patient:**

1. Excess daily Room & Board charges.
2. Admission kit, ID tags, laundry services, cafeteria services, lodger fees and ineligible non medical items.
3. Television, Telephone and internet services.
4. Supplemments, Vitamins and any drugs not related to the treatment of the aforesaid diagnosis.
5. Diagnostic tests and procedures not related to the treatment of the aforesaid diagnosis.
6. Admission for diseases excluded under the policy including congenital abnormalities.
7. Charges for outpatient treatment, routine medical check-up, mental illness and cosmetic surgery.
8. Registration fees. Medical record fees. Outpatient Department Fees or Facility Fees.



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**HOSPITALISATION FINAL GUARANTEE LETTER**

Our Ref: WK25/WKSB/25/IP000002	Issued by: NISHANTHINY D/O MOKAN
Issue Date: 12/02/2025	Employer Name: WE KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: PANTAI HOSPITAL BATU PAHAT	Insurer: WE KONGSI SDN BHD
Patient Name: LUQMA [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 9704 [REDACTED]	Policy Holder Name: WE KONGSI SDN BHD
Date of Admission: 12/02/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 17/02/2025 12:00:00 AM	Employee Name: LUQMA [REDACTED]
Admitting Diagnosis: VIRAL FEVER, UNSPECIFIED	Employee ID: 20230403753450
Final Diagnosis: VIRAL FEVER, UNSPECIFIED	Relationship: Self
Treating Doctor: DR MICHELLE LIANG HUI	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 9441.80	

**EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS hereby guarantees to bear the medical and surgical expenses for the treatment incurred by the aforesaid patient for the admitting diagnosis only at your hospital during the aforesaid specified date(s)**

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5. Diagnostic tests and procedures not related to the treatment of the aforesaid diagnosis.
6. Admission for diseases excluded under the policy including congenital abnormalities.
7. Charges for outpatient treatment, routine medical check-up, mental illness and cosmetic surgery.
8. Registration fees, Medical record fees, Outpatient Department Fees or Facility Fees.

**Please Note:**

1. The **PATIENT** understands that this letter does not supersede or vary the terms and conditions.



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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/WKSB/25/IP000003	Issued by: Asmah Nurlaini Binti Shamsu Kamar
Issue Date: 17/02/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: KUALA TERENGGANU SPECIALIST HOSPITAL SDN BHD	Insurer: WE KONGSI SDN BHD
Patient Name: MOHD [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 8304 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 17/02/2025	Plan No: WE KONGSI STANDARD
Date of Discharge: 19/02/2025 12:00:00 AM	Employee Name: MOHD [REDACTED]
Admitting Diagnosis: APPENDICITIS, ACUTE	Employee ID: 20230403754920
Final Diagnosis: APPENDICITIS, ACUTE	Relationship: Self
Treating Doctor: DR HASNAN	Duration of Admission:
Daily Room & Board: RM 150.00	
Final Guaranteed Amount: RM 18101.80	

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8. Registration fees, Medical record fees, Outpatient Department Fees or Facility Fees.

**Please Note:**

1. The **PATIENT** understands that this letter does not supersede or vary the terms and conditions.
2. If the total bill for this admission exceeds the guaranteed amount, hospital to contact e-MAS Sdn Bhd. immediately at





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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/WKSB/25/IP000004

Issue Date: 19/02/2025

#### Hospitalisation Information

To Hospital: ORIENTAL MELAKA STRAITS MEDICAL  
CENTRE

Patient Name: NUR SU [REDACTED]

Patient NRIC: 2203 [REDACTED]

Date of Admission: 19/02/2025

Date of Discharge: 22/02/2025 12:00:00 AM

Admitting Diagnosis: PNEUMONIA, UNSPECIFIED

Final Diagnosis: PNEUMONIA, UNSPECIFIED

Treating Doctor: DR NORHAZIRAH

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 5752.50

Issued by: Mohd Sopian bin Hussin

Employer Name: WE KONGSI SDN BHD

#### Insurance Policy Information

Insurer: WE KONGSI SDN BHD

Policy Number: WEKONGSI01012025

Policy Holder Name: WE KONGSI SDN BHD

Plan No: WE KONGSI STANDARD

Employee Name: NUR SU [REDACTED]

Employee ID: 20230414329164

Relationship: Self

Duration of Admission:

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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/WKSB/25/IP000005	Issued by: Nursaffa Alisa Binti Sahrudin
Issue Date: 19/02/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: ORIENTAL MELAKA STRAITS MEDICAL CENTRE	Insurer: WE KONGSI SDN BHD
Patient Name: NUR [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 8806 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 19/02/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 21/02/2025 12:00:00 AM	Employee Name: NUR [REDACTED]
Admitting Diagnosis: VIRAL FEVER, UNSPECIFIED	Employee ID: 20230414902726
Final Diagnosis: VIRAL FEVER, UNSPECIFIED	Relationship: Self
Treating Doctor: DR RASHIDAH	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 5121.73	

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3. Television, Telephone and internet services.
4. Supplemmments, Vitamins and any drugs not related to the treatment of the aforesaid diagnosis.
5. Diagnostic tests and procedures not related to the treatment of the aforesaid diagnosis.
6. Admission for diseases excluded under the policy including congenital abnormalities.
7. Charges for outpatient treatment, routine medical check-up, mental illness and cosmetic surgery.
8. Registration fees, Medical record fees, Outpatient Department Fees or Facility Fees.

Please Note:

1. The PATIENT understands that this letter does not supersede or vary the terms and conditions.
2. If the total bill for this admission exceeds the guaranteed amount, hospital to contact e-MAS Sdn Bhd. immediately at



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**HOSPITALISATION FINAL GUARANTEE LETTER**

Our Ref: WK25/WKSB/25/IP000006

Issue Date: 21/02/2025

**Hospitalisation Information**

To Hospital: KELANA JAYA MEDICAL CENTRE

Patient Name: NIK MU [REDACTED]

Patient NRIC: 2406 [REDACTED]

Date of Admission: 21/02/2025

Date of Discharge: 23/02/2025 12:00:00 AM

Admitting Diagnosis: NONINFECTIVE  
GASTROENTERITIS AND COLITIS, UNSPECIFIED

Final Diagnosis: NONINFECTIVE GASTROENTERITIS  
AND COLITIS, UNSPECIFIED

Treating Doctor: DR PRIYA SATHISH

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 3101.10

Issued by: Mohd Sopian bin Hussin

Employer Name: WE KONGSI SDN BHD

**Insurance Policy Information**

Insurer: WE KONGSI SDN BHD

Policy Number: WEKONGSI01012025

Policy Holder Name: WE KONGSI SDN BHD

Plan No: WE KONGSI DELUXE

Employee Name: NIK M [REDACTED]

Employee ID: 20240731679233

Relationship: Self

Duration of Admission:

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3. Television, Telephone and internet services.





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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/WKSB/25/IP000007

Issue Date: 27/02/2025

#### Hospitalisation Information

To Hospital: AMPANG PUTERI SPECIALIST HOSPITAL

Patient Name: ADAM [REDACTED]

Patient NRIC: 1908 [REDACTED]

Date of Admission: 27/02/2025

Date of Discharge: 01/03/2025 12:00:00 AM

Admitting Diagnosis: BRONCHITIS ACUTE,  
UNSPECIFIED

Final Diagnosis: BRONCHITIS ACUTE, UNSPECIFIED

Treating Doctor: DR JOHAN AREF

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 5711.15

Issued by: Nurul Izzah Binti Ngah

Employer Name: KITA KONGSI SDN BHD

#### Insurance Policy Information

Insurer: WE KONGSI SDN BHD

Policy Number: WEKONGSI01012025

Policy Holder Name: KITA KONGSI SDN BHD

Plan No: WE KONGSI STANDARD

Employee Name: ADAM [REDACTED]

Employee ID: 20240719156503

Relationship: Self

Duration of Admission:

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5. Diagnostic tests and procedures not related to the treatment of the aforesaid diagnosis.
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**HOSPITALISATION FINAL GUARANTEE LETTER**

Our Ref: WK25/WKSB/25/IP000008	Issued by: Asmah Nurlaini Binti Shamsu Kamar
Issue Date: 01/03/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: SALAM SENAWANG SPECIALIST HOSPITAL	Insurer: WE KONGSI SDN BHD
Patient Name: ALEESA SYA [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 2210 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 01/03/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 03/03/2025 12:00:00 AM	Employee Name: ALEESA S [REDACTED]
Admitting Diagnosis: FEVER, UNSPECIFIED	Employee ID: 20240830655751
Final Diagnosis: VIRAL FEVER, UNSPECIFIED	Relationship: Self
Treating Doctor: DR LIM WEE YI	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 2953.60	

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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000010	Issued by: Ain Suraya
Issue Date: 04/03/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: PAHANG MEDICAL CENTRE	Insurer: WE KONGSI SDN BHD
Patient Name: CHE SY [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 9511 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 04/03/2025	Plan No: WE KONGSI STANDARD
Date of Discharge: 06/03/2025 12:00:00 AM	Employee Name: CHE SY [REDACTED]
Admitting Diagnosis: UTI - URINARY TRACT INFECTION, SITE NOT SPECIFIED	Employee ID: 20230414479146
Final Diagnosis: UTI - URINARY TRACT INFECTION, SITE NOT SPECIFIED	Relationship: Self
Treating Doctor: DR TENGKU SYED MUHAMMAD NAQUIB	Duration of Admission:
Daily Room & Board: RM 150.00	
Final Guaranteed Amount: RM 3657.50	

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**EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS**

Level 13, Wisma PERKESO, 155 Jalan Tun Razak

Kuala Lumpur 50400 WP Kuala Lumpur

Tel: 03 9213 0103

**HOSPITALISATION FINAL GUARANTEE LETTER**

Our Ref: WK25/KKSB/25/IP000012	Issued by: Mohd Sopian bin Hussin
Issue Date: 10/03/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: Columbia Asia Hospital - Bukit Rimau	Insurer: WE KONGSI SDN BHD
Patient Name: AZHA [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 7905 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 10/03/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 13/03/2025 12:00:00 AM	Employee Name: AZHA [REDACTED]
Admitting Diagnosis: Haemorrhoids, unspecified	Employee ID: 20240505391892
Final Diagnosis: Haemorrhoids, unspecified	Relationship: Self
Treating Doctor: DR DHARMENDRAN	Duration of Admission:
Daily Room & Board: <b>RM 250.00</b>	
Final Guaranteed Amount: <b>RM 15483.67</b>	

**EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS hereby guarantees to bear the medical and surgical expenses for the treatment incurred by the aforesaid patient for the admitting diagnosis only at your hospital during the aforesaid specified date(s)**

**This guarantee letter is valid for ONE ADMISSION ONLY**

**This guarantee letter is the FINAL guarantee amount and shall supersede all guarantee letters issued previously in respect of admission of the above patient**

**This guarantee does not cover the following items and shall be borne by the patient:**

1. Excess daily Room & Board charges.
2. Admission kit, ID tags, laundry services, cafeteria services, lodger fees and ineligible non medical items.
3. Television, Telephone and internet services.
4. Supplements, Vitamins and any drugs not related to the treatment of the aforesaid diagnosis.
5. Diagnostic tests and procedures not related to the treatment of the aforesaid diagnosis.
6. Admission for diseases excluded under the policy including congenital abnormalities.
7. Charges for outpatient treatment, routine medical check-up, mental illness and cosmetic surgery.
8. Registration fees, Medical record fees, Outpatient Department Fees or Facility Fees.

**Please Note:**





KITA KONGSI SDN BHD, C/O WEWORK  
LEVEL 18, EQUATORIAL PLAZA, JALAN  
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W.P. KUALA LUMPUR MALAYSIA.

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Level 13, Wisma PERKESO, 155 Jalan Tun Razak  
Kuala Lumpur 50400 WP Kuala Lumpur  
Tel: 03 9213 0103

### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000014

Issue Date: 11/03/2025

#### Hospitalisation Information

To Hospital: ARA DAMANSARA MEDICAL CENTRE

Patient Name: ADAM [REDACTED]

Patient NRIC: 1011 [REDACTED]

Date of Admission: 11/03/2025

Date of Discharge: 14/03/2025 12:00:00 AM

Admitting Diagnosis: BRONCHOPNEUMONIA

Final Diagnosis: BRONCHOPNEUMONIA

Treating Doctor: Dr Loh Wai Loo

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 4794.05

Issued by: DVYA BARATHI A/P JAI CHANDRAN

Employer Name: KITA KONGSI SDN BHD

#### Insurance Policy Information

Insurer: WE KONGSI SDN BHD

Policy Number: WEKONGSI01012025

Policy Holder Name: KITA KONGSI SDN BHD

Plan No: WE KONGSI DELUXE

Employee Name: ADAM [REDACTED]

Employee ID: 20240602847193

Relationship: Self

Duration of Admission:

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This guarantee letter is valid for ONE ADMISSION ONLY

This guarantee letter is the FINAL guarantee amount and shall supersede all guarantee letters issued previously in respect of admission of the above patient

This guarantee does not cover the following items and shall be borne by the patient:

1. Excess daily Room & Board charges.
2. Admission kit, ID tags, laundry services, cafeteria services, lodger fees and ineligible non medical items.
3. Television, Telephone and internet services.
4. Supplements, Vitamins and any drugs not related to the treatment of the aforesaid diagnosis.
5. Diagnostic tests and procedures not related to the treatment of the aforesaid diagnosis.
6. Admission for diseases excluded under the policy including congenital abnormalities.
7. Charges for outpatient treatment, routine medical check-up, mental illness and cosmetic surgery.
8. Registration fees, Medical record fees, Outpatient Department Fees or Facility Fees.

#### Please Note:

1. The PATIENT understands that this letter does not supersede or vary the terms and conditions.
2. If the total bill for this admission exceeds the guaranteed amount, hospital to contact e-MAS Sdn Bhd. immediately at +603 9213 0103 for further review. We will not accept excess charges without further reference to e-MAS Sdn Bhd.



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Tel: 03 9213 0103

**HOSPITALISATION FINAL GUARANTEE LETTER**

Our Ref: WK25/KKSB/25/IP000015

Issue Date: 16/03/2025

**Hospitalisation Information**

To Hospital: KPJ KLANG SPECIALIST HOSPITAL

Patient Name: MUHAMMAD [REDACTED]

Patient NRIC: 9804 [REDACTED]

Date of Admission: 16/03/2025

Date of Discharge: 18/03/2025 12:00:00 AM

Admitting Diagnosis: ANKLE - SPRAIN AND STRAIN OF ANKLE

Final Diagnosis: ANKLE - SPRAIN AND STRAIN OF ANKLE

Treating Doctor: DR SYED AHMAD FAISAL

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 6403.90

Issued by: Mohd Sopian bin Hussin

Employer Name: KITA KONGSI SDN BHD

**Insurance Policy Information**

Insurer: WE KONGSI SDN BHD

Policy Number: WEKONGSI01012025

Policy Holder Name: KITA KONGSI SDN BHD

Plan No: WE KONGSI DELUXE

Employee Name: MUHAMMAD [REDACTED]

Employee ID: 20240703315172

Relationship: Self

Duration of Admission:

EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS hereby guarantees to bear the medical and surgical expenses for the treatment incurred by the aforesaid patient for the admitting diagnosis only at your hospital during the aforesaid specified date(s)

**This guarantee letter is valid for ONE ADMISSION ONLY**

**This guarantee letter is the FINAL guarantee amount and shall supersede all guarantee letters issued previously in respect of admission of the above patient**

**This guarantee does not cover the following items and shall be borne by the patient:**

1. Excess daily Room & Board charges.
2. Admission kit, ID tags, laundry services, cafeteria services, lodger fees and ineligible non medical items.
3. Television, Telephone and internet services.
4. Supplemental Vitamins and any drugs not related to the treatment of the aforesaid diagnosis.



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Tel: 03 9213 0103

### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000016	Issued by: NISHANTHINY D/O MOKAN
Issue Date: 18/03/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: KPJ TAWAKKAL SPECIALIST HOSPITAL	Insurer: WE KONGSI SDN BHD
Patient Name: NAHAIDA [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 8504 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 18/03/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 21/03/2025 12:00:00 AM	Employee Name: NAHAIDA [REDACTED]
Admitting Diagnosis: BRONCHITIS ACUTE, UNSPECIFIED	Employee ID: 20240516865253
Final Diagnosis: BRONCHITIS ACUTE, UNSPECIFIED	Relationship: Self
Treating Doctor: DR TENGKU SAIFUDIN	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 6773.75	

EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS hereby guarantees to bear the medical and surgical expenses for the treatment incurred by the aforesaid patient for the admitting diagnosis only at your hospital during the aforesaid specified date(s)

This guarantee letter is valid for ONE ADMISSION ONLY

This guarantee letter is the FINAL guarantee amount and shall supersede all guarantee letters issued previously in respect of admission of the above patient

This guarantee does not cover the following items and shall be borne by the patient:

1. Excess daily Room & Board charges.
2. Admission kit, ID tags, laundry services, cafeteria services, lodger fees and ineligible non medical items.
3. Television, Telephone and internet services.
4. Supplements, Vitamins and any drugs not related to the treatment of the aforesaid diagnosis.
5. Diagnostic tests and procedures not related to the treatment of the aforesaid diagnosis.
6. Admission for diseases excluded under the policy including congenital abnormalities.
7. Charges for outpatient treatment, routine medical check-up, mental illness and cosmetic surgery.
8. Registration fees, Medical record fees, Outpatient Department Fees or Facility Fees.

Please Note:





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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000018

Issue Date: 24/03/2025

#### Hospitalisation Information

To Hospital: AMPANG PUTERI SPECIALIST HOSPITAL

Patient Name: ADAM [REDACTED]

Patient NRIC: 1908 [REDACTED]

Date of Admission: 24/03/2025

Date of Discharge: 27/03/2025 12:00:00 AM

Admitting Diagnosis: BRONCHITIS ACUTE,  
UNSPECIFIED

Final Diagnosis: BRONCHITIS ACUTE, UNSPECIFIED

Treating Doctor: DR JOHAN AREF

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 7140.30

Issued by: Nursaffa Alisya Binti Sahrudin

Employer Name: KITA KONGSI SDN BHD

#### Insurance Policy Information

Insurer: WE KONGSI SDN BHD

Policy Number: WEKONGSI01012025

Policy Holder Name: KITA KONGSI SDN BHD

Plan No: WE KONGSI DELUXE

Employee Name: ADAM [REDACTED]

Employee ID: 20240719156503

Relationship: Self

Duration of Admission:

EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS hereby guarantees to bear the medical and surgical expenses for the treatment incurred by the aforesaid patient for the admitting diagnosis only at your hospital during the aforesaid specified date(s)

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3. Television, Telephone and internet services.
4. Supplements, Vitamins and any drugs not related to the treatment of the aforesaid diagnosis.
5. Diagnostic tests and procedures not related to the treatment of the aforesaid diagnosis.
6. Admission for diseases excluded under the policy including congenital abnormalities.
7. Charges for outpatient treatment, routine medical check-up, mental illness and cosmetic surgery.
8. Registration fees, Medical record fees, Outpatient Department Fees or Facility Fees.