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 SEPT 2025

Period : 7th Aug 2025 to 6th Sept 2025

Total Members	Active Members *(Pass 90 days waiting period)*	Approved Hospitalization	Approved Conditional Outpatient Benefits	Total Medical Cost
5700	3183	8	736	RM151,794.36

Total Medical Cost	RM151,794.36
Last Month Extra Shared	RM22.73
Last Month Unsettlement Balance	RM0.00
Active Members *(Pass 90 days waiting period)*	3183
Each Member Share (Before rounding)	RM47.6819
Each Member Share (After rounding)	RM47.69
Total Share	RM151,792.32
Extra bring to Next Month	RM25.64
Unsettlement Cost to Carry Forward	RM0.00

Case No.	Member Name	Member NRIC	Approved Amount	Hospital Name
1	SYARIF MUH[redacted]	2405[redacted]	65.00	HOSPITAL KAJANG
2	ISMA DANIS[redacted]	0509[redacted]	450.00	KPJ SEREMBAN SPECIALIST HOSPITAL
3	RAISYA ROS[redacted]	2212[redacted]	294.60	PANTAI HOSPITAL AYER KEROH
4	NURINSYIRA[redacted]	1003[redacted]	25046.95	SALAM SPECIALIST HOSPITAL (KUALA TERENGGANU)
5	NURUL ASYI[redacted]	8602[redacted]	15751.13	ANSON BAY MEDICAL CENTRE
6	ZUMIRA BIN[redacted]	8703[redacted]	5326.30	PANTAI HOSPITAL AYER KEROH
7	HALMY SIRA[redacted]	7806[redacted]	19476.05	PANTAI HOSPITAL CHERAS
8	NORULHASI[redacted]	9309[redacted]	4041.45	KPJ SEREMBAN SPECIALIST HOSPITAL

Case No.	Diagnosis	Admission Date	Discharge Date
1	Acute Bronchiolitis	2025-06-08	2025-06-07
2	Acute Pharyngitis Unspecified	2025-06-16	2025-06-14
3	TRO fracture left elbow	2025-08-31	2025-08-31
4	ACUTE SINUSITIS	2025-06-06	2025-06-03
5	ACUTE SINUSITIS	2025-06-06	2025-06-03
6	GASTRO-OESOPHAGEAL REFLUX DISEASE WITHOUT OESOPHAGITIS	2025-05-30	2025-05-29
7	FRACTURE OF CLAVICLE	2025-04-30	2025-04-29
8	Inflammatory disorders of breast	2025-05-22	2025-05-21

Conditional Outpatient Benefits (COB) List

app.wekongsi.com/storage/clinic_case_management/4mgfriEbyGpRaPG9gbi2qJz4QbqefcKYmz03gEB6.pdf

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Supporting Documents

WE KONGSI
Anyone Can Afford Healthcare

c/o WeWork Level 18, Kita Kongsi Sdn Bhd
- We Kongsi, Kita Kongsi Sdn Bhd, Equatorial Plaza,
Jln Sultan Ismail, Kuala Lumpur, 50250 Kuala Lumpur,
Wilayah Persekutuan Kuala Lumpur.

REIMBURSEMENT STATEMENT	
Member Name	RAISY[redacted]
Member NRIC	2212[redacted]
Member Package	deluxe
Hospital/Clinic Name	PANTAI HOSPITAL AYER KEROH
Treatment Date	31-08-2025
Discharge Date	31-08-2025
Approval Amount	294.60
Cash Allowance Amount	NIL
Total Approved Amount	294.60

We are pleased to share that this reimbursement case has been reviewed and approved. The approved amount, as stated above, will be reimbursed accordingly.

In line with our community's sharing spirit, this reimbursement will be contributed from our community pool, ensuring that every member continues to benefit from the collective support we have built together.

The review and approval process was conducted strictly based on our **Benefit Guidelines**, particularly **Section 5.A**, which specifies the qualifications and entitlements for reimbursement. This ensures that every case is assessed fairly, transparently, and according to the same standards for all members.

We would like to take this opportunity to thank our members for their continuous support in making We Kongsi a sustainable platform of care and mutual sharing. Each approved reimbursement is a reflection of our commitment to uphold the values of fairness, transparency, and compassion within our community.

Yours faithfully,
We Kongsi
Kita Kongsi Sdn Bhd

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Wilayah Persekutuan Kuala Lumpur.

REIMBURSEMENT STATEMENT	
Member Name	ISMA[redacted]
Member NRIC	0509[redacted]
Member Package	deluxe
Hospital/Clinic Name	KPJ SEREMBAN SPECIALIST HOSPITAL
Treatment Date	14-06-2025
Discharge Date	16-06-2025
Approval Amount	450.00
Cash Allowance Amount	NIL
Total Approved Amount	450.00

We are pleased to share that this reimbursement case has been reviewed and approved. The approved amount, as stated above, will be reimbursed accordingly.

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REIMBURSEMENT STATEMENT	
Member Name	SYARI[redacted]
Member NRIC	2405[redacted]
Member Package	standard
Hospital/Clinic Name	HOSPITAL KAJANG
Treatment Date	07-06-2025
Discharge Date	08-06-2025
Approval Amount	65.00
Cash Allowance Amount	NIL
Total Approved Amount	65.00

We are pleased to share that this reimbursement case has been reviewed and approved. The approved amount, as stated above, will be reimbursed accordingly.

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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

HOSPITILISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000048	Issued by: Nurhafizza Dahlia Binti Hairul Amir
Issue Date: 03/06/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	**Insurance Policy Information**
To Hospital: SALAM Specialist Hospital Kuala Terengganu	Insurer: WE KONGSI SDN BHD
Patient Name: NURINS [redacted]	Policy Number: WEKONGSI01012025
Patient NRIC: 1003 [redacted]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 03/06/2025	Plan No: WE KONGSI STANDARD
Date of Discharge: 06/06/2025 12:00:00 AM	Employee Name: NURINS [redacted]
Admitting Diagnosis: ACUTE SINUSITIS	Employee ID: 20230403797327
Final Diagnosis: ACUTE SINUSITIS	Relationship: Self
Treating Doctor: CONSULTANT SPECIALIST	Duration of Admission:
Daily Room & Board: **RM 150.00**	
Final Guaranteed Amount: **RM 25046.95**	

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:

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

HOSPITILISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000049	Issued by: NISHANTHINY D/O MOKAN
Issue Date: 03/06/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	**Insurance Policy Information**
To Hospital: ANSON BAY MEDICAL CENTRE	Insurer: WE KONGSI SDN BHD
Patient Name: NURUL AS[redacted]	Policy Number: WEKONGSI01012025
Patient NRIC: 8602[redacted]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 03/06/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 06/06/2025 12:00:00 AM	Employee Name: NURUL AS[redacted]
Admitting Diagnosis: ACUTE SINUSITIS	Employee ID: 20240912462561
Final Diagnosis: ACUTE SINUSITIS	Relationship: Self
Treating Doctor: DR FARAH WAHIDA	Duration of Admission:
Daily Room & Board: **RM 250.00**	
Final Guaranteed Amount: **RM 15751.13**	

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

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HOSPITILISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000046
Issue Date: 29/05/2025

Hospitalisation Information

To Hospital: PANTAI HOSPITAL AYER KEROH
Patient Name: ZUMIRA [redacted]
Patient NRIC: 8703[redacted]
Date of Admission: 29/05/2025
Date of Discharge: 30/05/2025 12:00:00 AM
Admitting Diagnosis: GASTRO-OESOPHAGEAL REFLUX DISEASE WITHOUT OESOPHAGITIS
Final Diagnosis: GASTRO-OESOPHAGEAL REFLUX DISEASE WITHOUT OESOPHAGITIS
Treating Doctor: DR KHAIRUSSALEH JALALUDIN
Daily Room & Board: **RM 150.00**
Final Guaranteed Amount: **RM 5326.30**

Issued by: Arissa Masturina Binti Zaidi
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: ZUMIRA [redacted]
Employee ID: 20231226117031
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.

Please Note:

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

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Kuala Lumpur 50400 WP Kuala Lumpur
Tel: 03 9213 0103

HOSPITILISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000047	Issued by: Monica a/p Simon
Issue Date: 21/05/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	**Insurance Policy Information**
To Hospital: KPJ SEREMBAN SPECIALIST HOSPITAL	Insurer: WE KONGSI SDN BHD
Patient Name: NORULHASM [redacted]	Policy Number: WEKONGSI01012025
Patient NRIC: 9309 [redacted]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 21/05/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 22/05/2025 12:00:00 AM	Employee Name: NORULHAS [redacted]
Admitting Diagnosis: Inflammatory disorders of breast	Employee ID: 20230919622323
Final Diagnosis: Inflammatory disorders of breast	Relationship: Self
Treating Doctor: DR NUR AFDZILLAH	Duration of Admission:
Daily Room & Board: **RM 250.00**	
Final Guaranteed Amount: **RM 4041.45**	

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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7. Charges for outpatient treatment, routine medical check-up, mental illness and cosmetic surgery.
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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.

Please post original itemized bill, Guarantee Letter & Authorized claim from duly completed to:

Eximius Medical Administration Solutions Sdn Bhd (e-MAS Sdn Bhd) (In-Patient Claims Department)
Level 13, Wisma PERKESO, 155 Jalan Tun Razak Kuala Lumpur 50400 WP Kuala Lumpur,
Tel: +603 9213 0103

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HOSPITILISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000038
Issue Date: 29/04/2025

Hospitalisation Information
To Hospital: PANTAI HOSPITAL CHERAS
Patient Name: HALMY S[redacted]
Patient NRIC: 78061[redacted]
Date of Admission: 29/04/2025
Date of Discharge: 30/04/2025 12:00:00 AM
Admitting Diagnosis: FRACTURE OF CLAVICLE
Final Diagnosis: FRACTURE OF CLAVICLE
Treating Doctor: DR JOHAN
Daily Room & Board: **RM 150.00**
Final Guaranteed Amount: **RM 19476.05**

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: HALMY S[redacted]
Employee ID: 20230403991734
Relationship: Self
Duration of Admission:

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