



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 AUG 2025**  
Period : 7<sup>th</sup> July 2025 to 6<sup>th</sup> Aug 2025

Total Members	Active Members (Pass 90 days waiting period)	Approved Hospitalization	Approved Conditional Outpatient Benefits	Total Medical Cost
4646	2819	7	408	RM89,433.97

Total Medical Cost	RM89,433.97
Last Month Extra Shared	RM6.30
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	2819
Each Member Share (Before rounding)	RM31.7231
Each Member Share (After rounding)	RM31.73
Total Share	RM89,446.87
Extra bring to Next Month	RM19.20
Unsettlement Cost to Carry Forward	RM0.00

Case No.	Member Name	Member NRIC	Approved Amount	Hospital Name
1	DINIE	9608	6605.40	PANTAI HOSPITAL CHERAS
2	MUHA	2405	6160.90	HOSPITAL ISLAM AZ-ZAHRAH
3	AMNA	1910	3296.60	KPJ PUTERI SPECIALIST HOSPITAL (JOHOR)
4	MOHD	8301	9661.99	KPJ KLANG SPECIALIST HOSPITAL
5	MUHA	1812	5607.34	KPJ KLANG SPECIALIST HOSPITAL
6	ASYRA	1011	4056.85	ORIENTAL MELAKA STRAITS MEDICAL CENTRE
7	ROHIN	7902	7571.54	KPJ KLANG SPECIALIST HOSPITAL

Case No.	Diagnosis	Admission Date	Discharge Date
1	GRANULOMATOUS DISORDER OF SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	2025-06-04	2025-06-04
2	PNEUMONIA, UNSPECIFIED	2025-05-12	2025-05-15
3	CONCUSSION	2025-05-28	2025-05-28
4	OTHER SUPERFICIAL INJURIES OF SHOULDER AND UPPER ARM	2025-05-23	2025-05-26
5	ACUTE TONSILLITIS, UNSPECIFIED	2025-05-22	2025-05-25
6	ANKLE - SPRAIN AND STRAIN OF ANKLE	2025-05-13	2025-05-14
7	SYNCOPE	2025-05-05	2025-05-07

**Conditional Outpatient Benefits (COB) List**

[https://app.wekongsi.com/storage/clinic\\_case\\_management/5BEP310X3wuF5klzxS7lXKlgAjc2wNoJmcaNNnHw.pdf](https://app.wekongsi.com/storage/clinic_case_management/5BEP310X3wuF5klzxS7lXKlgAjc2wNoJmcaNNnHw.pdf)



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### Supporting Documents



**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/DC000050	Issued by: NISHANTHINY D/O MOKAN
Issue Date: 04/06/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: PANTAI HOSPITAL CHERAS	Insurer: WE KONGSI SDN BHD
Patient Name: DINIE [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 9608 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 04/06/2025	Plan No: WE KONGSI STANDARD
Date of Discharge: 04/06/2025 12:00:00 AM	Employee Name: DINIE [REDACTED]
Admitting Diagnosis: GRANULOMATOUS DISORDER OF SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	Employee ID: 20240319581602
Final Diagnosis: GRANULOMATOUS DISORDER OF SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	Relationship: Self
Treating Doctor: DR IMTIAZ SHAHIR BIN HAMID	Duration of Admission:
Daily Room & Board: RM 150.00	
Final Guaranteed Amount: RM 6605.40	

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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:**

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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.
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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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000052

Issue Date: 12/05/2025

#### Hospitalisation Information

To Hospital: HOSPITAL ISLAM AZ-ZAHRAH <

Patient Name: MUHAMMAD [REDACTED]

Patient NRIC: 2405 [REDACTED]

Date of Admission: 12/05/2025

Date of Discharge: 15/05/2025 12:00:00 AM

Admitting Diagnosis: PNEUMONIA, UNSPECIFIED

Final Diagnosis: PNEUMONIA, UNSPECIFIED

Treating Doctor: DR MD NAZIM BIN ABU

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 6160.90

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: MUHAMMAD [REDACTED]

Employee ID: 20250203254147

Relationship: Self

Duration of Admission:

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**HOSPITALISATION FINAL GUARANTEE LETTER**

Our Ref: WK25/KKSB/25/DC000045	Issued by: Nurul Izzah Binti Ngah
Issue Date: 28/05/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: KPJ PUTERI SPECIALIST HOSPITAL (JOHOR)	Insurer: WE KONGSI SDN BHD
Patient Name: AMNA SAFIY [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 1910 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 28/05/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 28/05/2025 12:00:00 AM	Employee Name: AMNA S [REDACTED]
Admitting Diagnosis: CONCUSSION	Employee ID: 20240709605503
Final Diagnosis: CONCUSSION	Relationship: Self
Treating Doctor: DR MOHD RAZALI ZAKARIA	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 3296.60 /	

**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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**Please Note:**

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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.

**Warranted that the Hospital Guarantee Letter is authorised letter from date specified for**





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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000042

Issue Date: 23/05/2025

#### Hospitalisation Information

To Hospital: KPJ KLANG SPECIALIST HOSPITAL

Patient Name: MOHD IZU [REDACTED]

Patient NRIC: 8301 [REDACTED]

Date of Admission: 23/05/2025

Date of Discharge: 26/05/2025 12:00:00 AM

Admitting Diagnosis: OTHER SUPERFICIAL INJURIES OF  
SHOULDER AND UPPER ARM

Final Diagnosis: OTHER SUPERFICIAL INJURIES OF  
SHOULDER AND UPPER ARM

Treating Doctor: DR SYED AHMAD FAISAL

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 9661.99

Issued by: Nor Afifah Binti Abdul Rashid

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: MOHD IZU [REDACTED]

Employee ID: 20241129244046

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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**HOSPITALISATION FINAL GUARANTEE LETTER**

Our Ref: WK25/KKSB/25/IP000043

Issue Date: 22/05/2025

**Hospitalisation Information**

To Hospital: KPJ KLANG SPECIALIST HOSPITAL

Patient Name: MUHAMMAD [REDACTED]

Patient NRIC: 1812 [REDACTED]

Date of Admission: 22/05/2025

Date of Discharge: 25/05/2025 12:00:00 AM

Admitting Diagnosis: ACUTE TONSILLITIS,  
UNSPECIFIED

Final Diagnosis: ACUTE TONSILLITIS, UNSPECIFIED

Treating Doctor: DR OOI HOOI LENG

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 5607.34

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 DELUXE

Employee Name: MUHAMMAD [REDACTED]

Employee ID: 20240204292903

Relationship: Self

Duration of Admission:

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**Please nost original itemized bill. Guarantee Letter & Authorized claim from duly completed to:**





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**HOSPITALISATION FINAL GUARANTEE LETTER**

Our Ref: WK25/KKSB/25/IP000041

Issue Date: 13/05/2025

**Hospitalisation Information**

To Hospital: ORIENTAL MELAKA STRAITS MEDICAL  
CENTRE

Patient Name: ASYRAAF ZA [REDACTED]

Patient NRIC: 1011 [REDACTED]

Date of Admission: 13/05/2025

Date of Discharge: 14/05/2025 12:00:00 AM

Admitting Diagnosis: ANKLE - SPRAIN AND STRAIN OF  
ANKLE

Final Diagnosis: ANKLE - SPRAIN AND STRAIN OF  
ANKLE

Treating Doctor: DR PREMGANESH

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 4056.85

Issued by: Ayappan Prashan A/L Kuthytamu

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: ASYRAAF ZA [REDACTED]

Employee ID: 20241201292012

Relationship: Self

Duration of Admission:

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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000040

Issue Date: 05/05/2025

#### Hospitalisation Information

To Hospital: KPJ KLANG SPECIALIST HOSPITAL

Patient Name: ROHIMAH [REDACTED]

Patient NRIC: 7902 [REDACTED]

Date of Admission: 05/05/2025

Date of Discharge: 07/05/2025 12:00:00 AM

Admitting Diagnosis: SYNCOPE

Final Diagnosis: SYNCOPE

Treating Doctor: DR ANIL

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 7571.54

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 DELUXE

Employee Name: ROHIMAH [REDACTED]

Employee ID: 20240204344697

Relationship: Self

Duration of Admission:

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