



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 OCT 2025

Period : 7<sup>th</sup> Sept 2025 to 6<sup>th</sup> Oct 2025

Total Members	Active Members (Pass 90 days waiting period)	Approved Hospitalization	Approved Conditional Outpatient Benefits	Total Medical Cost
6023	3608	19	253	RM169,018.06

Total Medical Cost	RM169,018.06
Last Month Extra Shared	RM25.64
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	3608
Each Member Share (Before rounding)	RM46.8382
Each Member Share (After rounding)	RM46.84
Total Share	RM168,998.72
Extra bring to Next Month	RM6.30
Unsettlement Cost to Carry Forward	RM0.00



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Case No.	Member Name	Member NRIC	Approved Amount	Hospital Name
1	PRASANA R	9508	32436.83	KPJ KLANG SPECIALIST HOSPITAL
2	NURUL MUS	9907	4328.95	PUTRA SPECIALIST HOSPITAL (BATU PAHAT)
3	ABDULLAH S	9402	8210.85	KPJ BATU PAHAT SPECIALIST HOSPITAL
4	ABDUL AFIF	8904	8172.60	ARA DAMANSARA MEDICAL CENTRE
5	AMMAR BIN	8711	3752.05	COLUMBIA ASIA HOSPITAL - ISKANDAR PUTERI
6	SRITHARAN	1606	10163.35	COLUMBIA ASIA HOSPITAL - PUCHONG
7	NUR FARAH	1311	2589.75	SUBANG JAYA MEDICAL CENTRE
8	MUHAMMA	2110	5088.44	COLUMBIA ASIA HOSPITAL - KLANG
9	YARDAN SE	2306	4906.05	COLUMBIA ASIA HOSPITAL - KLANG
10	MUHAMMA	2301	8218.55	ORIENTAL MELAKA STRAITS MEDICAL CENTRE
11	NUR AISHA	0207	5680.70	KPJ SRI MANJUNG SPECIALIST HOSPITAL
12	NIK AZFIRA	8607	12348.50	SALAM SHAH ALAM SPECIALIST HOSPITAL
13	MOHAMAD	1311	3178.80	TAWAU SPECIALIST MEDICAL CENTRE SABAH SDN BHD
14	MARYAM A	2205	4304.06	KPJ PENANG SPECIALIST HOSPITAL
15	ISMA DANIS	0509	6034.95	KPJ SEREMBAN SPECIALIST HOSPITAL
16	ADAM BIN F	2111	5078.01	COLUMBIA ASIA HOSPITAL - SETAPAK
17	DINIE AMIR	9608	6605.40	PANTAI HOSPITAL CHERAS
18	MUHAMMA	2405	6160.90	HOSPITAL ISLAM AZ-ZAHRAH
19	SHAZIA ZAR	1712	3988.27	ANSON BAY MEDICAL CENTRE

Case No.	Diagnosis	Admission Date	Discharge Date
1	ENDOMETRIOSIS OF UTERUS	2025-07-16	2025-07-17
2	Other and unspecified gastroenteritis and colitis of infectious origin	2025-07-14	2025-07-16
3	FINGER - FRACTURE OF OTHER	2025-07-09	2025-07-10
4	FRACTURE OF FIBULA ALONE	2025-07-07	2025-07-10
5	PAIN IN JOINT	2025-07-07	2025-07-08
6	APPENDICITIS, ACUTE	2025-07-17	2025-07-22
7	ACUTE APPENDICITIS, UNSPECIFIED	2025-07-16	2025-07-17
8	URTI - ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	2025-07-06	2025-07-09
9	URTI - ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	2025-07-06	2025-07-09
10	PNEUMONIA, UNSPECIFIED	2025-07-04	2025-07-08
11	SUPERFICIAL INJURY OF UNSPECIFIED BODY REGION	2025-07-04	2025-07-05
12	ACUTE APPENDICITIS, UNSPECIFIED	2025-06-29	2025-07-02
13	CONSTIPATION	2025-06-25	2025-06-26
14	DIARRHOEA AND GASTROENTERITIS OF PRESUMED INFECTIOUS ORIGIN	2025-06-14	2025-06-17
15	ACUTE PHARYNGITIS, UNSPECIFIED	2025-06-14	2025-06-16
16	BRONCHITIS ACUTE, UNSPECIFIED	2025-06-04	2025-06-06
17	GRANULOMATOUS DISORDER OF SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED	2025-06-04	2025-06-04
18	PNEUMONIA, UNSPECIFIED	2025-05-12	2025-05-15
19	BRONCHOPNEUMONIA, UNSPECIFIED	2025-04-04	2025-04-05

### Conditional Outpatient Benefits (COB) List

[app.wekongsi.com/storage/clinic\\_case\\_management/RYXtgDwpnATD8giYrNHwawkl6nv18lzLVOD8Dtgo](http://app.wekongsi.com/storage/clinic_case_management/RYXtgDwpnATD8giYrNHwawkl6nv18lzLVOD8Dtgo)



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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/IP000020

Issue Date: 04/04/2025

##### Hospitalisation Information

To Hospital: ANSON BAY MEDICAL CENTRE

Patient Name: SHAZIA ZARA AQEELA BINTI SIDEK

Patient NRIC: 171219080428

Date of Admission: 04/04/2025

Date of Discharge: 05/04/2025 12:00:00 AM

Admitting Diagnosis: BRONCHOPNEUMONIA,  
UNSPECIFIED

Final Diagnosis: BRONCHOPNEUMONIA,  
UNSPECIFIED

Treating Doctor: DR SIOW YEE YONG

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 3988.27

Issued by: NISHANTHINY D/O MOKAN

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: SHAZIA ZARA AQEELA BINTI SIDEK

Employee ID: 20241215231063

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. 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.



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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

Patient NRIC: 2405

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

Employee ID: 20250203254147

Relationship: Self

Duration of Admission:

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**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 A [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 A [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	

**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.
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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/IP000051

Issue Date: 04/06/2025

**Hospitalisation Information**

To Hospital: Columbia Asia Hospital Setapak

Patient Name: ADAM [REDACTED]

Patient NRIC: 2111 [REDACTED]

Date of Admission: 04/06/2025

Date of Discharge: 06/06/2025 12:00:00 AM

Admitting Diagnosis: BRONCHITIS ACUTE,  
UNSPECIFIED

Final Diagnosis: BRONCHOPNEUMONIA,  
UNSPECIFIED

Treating Doctor: DR CHIN SHEAU YIN

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 5078.01

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: ADAM [REDACTED]

Employee ID: 20230706723387

Relationship: Self

Duration of Admission:

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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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Tel: 03 9213 0103

### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000055	Issued by: Nurul Izzah Binti Ngah
Issue Date: 14/06/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: KPJ SEREMBAN SPECIALIST HOSPITAL	Insurer: WE KONGSI SDN BHD
Patient Name: ISMA D. [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 0509 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 14/06/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 16/06/2025 12:00:00 AM	Employee Name: ISMA D. [REDACTED]
Admitting Diagnosis: ACUTE PHARYNGITIS, UNSPECIFIED	Employee ID: 20241023121558
Final Diagnosis: ACUTE PHARYNGITIS, UNSPECIFIED	Relationship: Self
Treating Doctor: DR MOHAMMED ALI BIN ZAKARIA	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 6034.95	

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Kuala Lumpur 50400 WP Kuala Lumpur  
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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000053

Issue Date: 15/06/2025

#### Hospitalisation Information

To Hospital: KPJ PENANG SPECIALIST HOSPITAL

Patient Name: MARYAM ARI [REDACTED]

Patient NRIC: 2205 [REDACTED]

Date of Admission: 14/06/2025

Date of Discharge: 17/06/2025 12:00:00 AM

Admitting Diagnosis: DIARRHOEA AND  
GASTROENTERITIS OF PRESUMED INFECTIOUS  
ORIGIN

Final Diagnosis: DIARRHOEA AND GASTROENTERITIS  
OF PRESUMED INFECTIOUS ORIGIN

Treating Doctor: DR ABDUL NASIR

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 4304.06 /

Issued by: Nurhafizza Dahlia Binti Hairul Amir

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: MARYAM AR [REDACTED]

Employee ID: 20240122991563

Relationship: Self

Duration of Admission:

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medical and surgical expenses for the treatment incurred by the aforesaid patient for the  
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Tel: 03 9213 0103

### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000057

Issue Date: 25/06/2025

#### Hospitalisation Information

To Hospital: TAWAU SPECIALIST MEDICAL CENTRE  
SABAH SDN BHD

Patient Name: MOHAMAD Z [REDACTED]

Patient NRIC: 1311 [REDACTED]

Date of Admission: 25/06/2025

Date of Discharge: 26/06/2025 12:00:00 AM

Admitting Diagnosis: CONSTIPATION

Final Diagnosis: CONSTIPATION

Treating Doctor: DR TONG YAN YEE

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 3178.80

Issued by: Nurqadrina Binti Mohd Kadri

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: MOHAMAD Z [REDACTED]

Employee ID: 20241019288235

Relationship: Self

Duration of Admission:

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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 is not responsible for the excess.



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Tel: 03 9213 0103

### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000058	Issued by: Ain Suraya
Issue Date: 29/06/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: SALAM MEDICAL CENTRE/SHAH ALAM SPECIALIST HOSPITAL	Insurer: WE KONGSI SDN BHD
Patient Name: NIK AZFIR [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 8607 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 29/06/2025	Plan No: WE KONGSI STANDARD
Date of Discharge: 02/07/2025 12:00:00 AM	Employee Name: NIK AZF [REDACTED]
Admitting Diagnosis: ACUTE APPENDICITIS, UNSPECIFIED	Employee ID: 20250307578207
Final Diagnosis: ACUTE APPENDICITIS, UNSPECIFIED	Relationship: Self
Treating Doctor: DR ABDUL SHUKOR	Duration of Admission:
Daily Room & Board: RM 150.00	
Final Guaranteed Amount: RM 12348.50	

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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:



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+6011-1303 3131 | info@wekongsi.com

10/7/25, 11:54 AM

Payment Notice | eMAS Portal



**Eximius Medical Administration Solutions Sdn Bhd (e-MAS)**  
Level 13, Wisma Perkeso, 155, Jln Tun Razak, Kampung Baru, 50300 Kuala Lumpur  
Tel: +603 9213 0103 | Email: ipclaims@emastpa.com.my

**INPATIENT PAYMENT NOTICE**

Claim Number:	2024484	Hospital Bill:	167709
GL No:	WK25/KKSB/25/IP000068	Covered Period:	01/11/2023 - 31/01/2026
Patient Name:	NUR AIS [REDACTED]	NRIC:	0207 [REDACTED]
Employee Name:	NUR AIS [REDACTED]	Employee ID:	20230926854225
Policy No:	WEKONGSI01012025	Plan:	WE KONGSI STANDARD
Company Name:	KITA KONGSI SDN BHD	Company ID:	16798
Admission Date:	04/07/2025	No Of Day(s):	1
Nature of Disability:	SUPERFICIAL INJURY OF UNSPECIFIED BODY REGION	ICD Code :	T14.0
Provider :	SRI MANJUNG SPECIALIST CENTRE (LEE MATERNITY AND SPECIALIST CENTRE WOMEN)	Doctor Name :	DR DIONG TEIK WEI

Benefits	Max Limit	Day(s)	Expenses Incurred	Less Co-Payment	Eligible Expenses	Ineligible Expenses	Remarks
ICU	0.00	1.00	130.00	0.00	130.00	0.00	
Surgeon Fee	0.00	0.00	1269.90	0.00	1269.90	0.00	
Rounding	0.00	0.00	0.02	0.00	0.02	0.00	
<b>HOSPITAL SERVICE AND SUPPLIES</b>							
Nursing Care/Procedure/Treatment	0.00	0.00	955.90	0.00	955.90	0.00	
Medicine/Pharmacy/Injection/Take Home Drugs	0.00	0.00	755.53	0.00	755.53	0.00	
Laboratory Tests	0.00	0.00	132.30	0.00	132.30	0.00	
Diagnostic/X-Ray/Scan/Imaging	0.00	0.00	1269.25	0.00	1269.25	0.00	
Therapy/Physiotherapy	0.00	0.00	785.50	0.00	785.50	0.00	
Medical Supplies/Consummables	0.00	0.00	437.70	0.00	437.70	0.00	
HSS/Others	0.00	0.00	10.00	0.00	10.00	0.00	admin fee
Sub Total	0.00	0.00	4346.18	0.00	4346.18	0.00	
GRAND TOTAL	0.00	0.00	5746.10	0.00	5680.70	65.40	

Annual Limit:	Unlimited	Supplementary Major Medical	
Limit per Disability:	0.00	Total Incurred:	0.00
Total Previous Costs Incurred:	5680.70	Deductible:	0.00
Balance As At Previous Admission:	Unlimited	Eligible Expenses:	0.00
Cumulative Expenses:	11361.40	Payable Eligible Expenses:	0.00
Balance As At To Date:	Unlimited	Remarks:	
Cumulative Post Visit to Dates:	0.00		

Prepared By:	Ain Suraya	Expenses Incurred:	5746.10
Issued Date:	13/07/2025	Less Discount:	0.00
Approved On Behalf By:	ARISSA	Total Expenses Incurred:	5746.10
Approved On Behalf Date:	18/07/2025	Less Co Payment:	0.00
Last Modified By:	Ain Suraya	Eligible Expenses:	5680.70
Last Modified Date:	13/07/2025	Ineligible Expenses:	65.40
		Less Co-Share:	0.00
		Payable Amount:	5680.70
		Supp. Major Medical:	0.00
		Total Payable:	5680.70



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**EXIMIUS MEDICAL ADMINISTRATION SOLUTIONS**  
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Kuala Lumpur 50400 WP Kuala Lumpur  
Tel: 03 9213 0103

### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000059	Issued by: Mohd Sopian bin Hussin
Issue Date: 04/07/2025	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: MUHAMMAD H [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 2301 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 04/07/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 08/07/2025 12:00:00 AM	Employee Name: MUHAMMAD [REDACTED]
Admitting Diagnosis: PNEUMONIA, UNSPECIFIED	Employee ID: 20230403262526
Final Diagnosis: RESPIRATORY SYNCYTIAL VIRUS PNEUMONIA	Relationship: Self
Treating Doctor: DR TEOH SOH LAN	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 8218.55	

**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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3. Television, Telephone and internet services.
4. Supplemmnts, 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/IP000060

Issue Date: 06/07/2025

#### Hospitalisation Information

To Hospital: COLUMBIA ASIA HOSPITAL KLANG

Patient Name: YARDAN [REDACTED]

Patient NRIC: 2306 [REDACTED]

Date of Admission: 06/07/2025

Date of Discharge: 09/07/2025 12:00:00 AM

Admitting Diagnosis: URTI - ACUTE UPPER  
RESPIRATORY INFECTION, UNSPECIFIED

Final Diagnosis: URTI - ACUTE UPPER RESPIRATORY  
INFECTION, UNSPECIFIED

Treating Doctor: Dr Phang Yuk Jean

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 4906.05

Issued by: Ain Suraya

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: YARDAN [REDACTED]

Employee ID: 20240928755300

Relationship: Self

Duration of Admission:

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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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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)  
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Tel: +603 9213 0103



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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000061

Issue Date: 06/07/2025

#### Hospitalisation Information

To Hospital: COLUMBIA ASIA HOSPITAL KLANG

Patient Name: MUHAMMAD YUSU [REDACTED]

Patient NRIC: 2110 [REDACTED]

Date of Admission: 06/07/2025

Date of Discharge: 09/07/2025 12:00:00 AM

Admitting Diagnosis: URTI - ACUTE UPPER  
RESPIRATORY INFECTION, UNSPECIFIED

Final Diagnosis: URTI - ACUTE UPPER RESPIRATORY  
INFECTION, UNSPECIFIED

Treating Doctor: DR PHANG YUK JEAN

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 5088.44

Issued by: Ain Suraya

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 YU [REDACTED]

Employee ID: 20240928488872

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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respect of admission of the above patient**

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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000062	Issued by: Asmah Nurlaini Binti Shamsu Kamar
Issue Date: 07/07/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: COLUMBIA ASIA HOSPITAL NUSAJAYA	Insurer: WE KONGSI SDN BHD
Patient Name: AMMAR BI [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 8711 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 07/07/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 08/07/2025 12:00:00 AM	Employee Name: AMMAR BI [REDACTED]
Admitting Diagnosis: PAIN IN JOINT	Employee ID: 20240624463791
Final Diagnosis: PAIN IN JOINT	Relationship: Self
Treating Doctor: CONSULTANT SPECIALIST	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 3752.05	

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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000063

Issue Date: 07/07/2025

#### Hospitalisation Information

To Hospital: ARA DAMANSARA MEDICAL CENTRE

Patient Name: ABDUL AF

Patient NRIC: 8904

Date of Admission: 07/07/2025

Date of Discharge: 10/07/2025 12:00:00 AM

Admitting Diagnosis: FRACTURE OF FIBULA ALONE

Final Diagnosis: FRACTURE OF FIBULA ALONE

Treating Doctor: DR AINUR

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 8172.60

Issued by: Asmah Nurlaini Binti Shamsu Kamar

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: ABDUL AF

Employee ID: 20250216834313

Relationship: Self

Duration of Admission:

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ORIGINAL

### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000066	Issued by: Mohd Sopian bin Hussin
Issue Date: 09/07/2025	Employer Name: KITA KONGSI SDN BHD
<b>Hospitalisation Information</b>	<b>Insurance Policy Information</b>
To Hospital: KPJ BATU PAHAT SPECIALIST HOSPITAL	Insurer: WE KONGSI SDN BHD
Patient Name: ABDULLAH S [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 9402 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 09/07/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 10/07/2025 12:00:00 AM	Employee Name: ABDULLAH S [REDACTED]
Admitting Diagnosis: FINGER - FRACTURE OF OTHER	Employee ID: 20240827354480
Final Diagnosis: FINGER - FRACTURE OF OTHER	Relationship: Self
Treating Doctor: DR EZRAT	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 8210.85 ✓	

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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000069

Issue Date: 14/07/2025

#### Hospitalisation Information

To Hospital: PUTRA SPECIALIST HOSPITAL (BATU PAHAT)

Patient Name: NURUL MUS [REDACTED]

Patient NRIC: 9907 [REDACTED]

Date of Admission: 14/07/2025

Date of Discharge: 16/07/2025 12:00:00 AM

Admitting Diagnosis: Other and unspecified gastroenteritis and colitis of infectious origin

Final Diagnosis: Gastroenteritis and colitis of unspecified origin

Treating Doctor: DR MARK YONG LEONG

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 4328.95

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: NURUL MU [REDACTED]

Employee ID: 20250408529579

Relationship: Self

Duration of Admission:

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### HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000070

Issue Date: 15/07/2025

#### Hospitalisation Information

To Hospital: SIME DARBY MEDICAL CENTRE  
(FORMERLY KNOWN AS SUBANG JAYA MEDICAL  
CENTRE)

Patient Name: NUR FARA [REDACTED]

Patient NRIC: 1311 [REDACTED]

Date of Admission: 16/07/2025

Date of Discharge: 17/07/2025 12:00:00 AM

Admitting Diagnosis: ACUTE APPENDICITIS,  
UNSPECIFIED

Final Diagnosis: ACUTE APPENDICITIS, UNSPECIFIED

Treating Doctor: DR GOON HONG KOOI

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 2589.75

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 STANDARD

Employee Name: NUR FAR [REDACTED]

Employee ID: 20231123996471

Relationship: Self

Duration of Admission:

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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/IP000071

Issue Date: 16/07/2025

#### Hospitalisation Information

To Hospital: KPJ KLANG SPECIALIST HOSPITAL

Patient Name: PRASANA R [REDACTED]

Patient NRIC: 9508 [REDACTED]

Date of Admission: 16/07/2025

Date of Discharge: 21/07/2025 12:00:00 AM

Admitting Diagnosis: ENDOMETRIOSIS OF UTERUS

Final Diagnosis: ENDOMETRIOSIS OF OVARY

Treating Doctor: DR LILIAN

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 32436.83

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: PRASANA R [REDACTED]

Employee ID: 20240730334743

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. 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.

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



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

10/7/25, 12:09 PM

Payment Notice | eMAS Portal



**Eximius Medical Administration Solutions Sdn Bhd (e-MAS)**  
Level 13, Wisma Perkeso, 155, Jln Tun Razak, Kampung Baru, 50300 Kuala Lumpur  
Tel: +603 9213 0103 | Email: ipclaims@emastpa.com.my

**INPATIENT PAYMENT NOTICE**

Claim Number:	2047127	Hospital Bill:	PU-IPC4932
GL No:	WK25/KKSB/25/IP000074	Covered Period:	01/02/2025 - 31/01/2026
Patient Name:	SRITHA [REDACTED]	NRIC:	1606 [REDACTED]
Employee Name:	SRITHA [REDACTED]	Employee ID:	20231125644762
Policy No:	WEKONGSI01012025	Plan:	WE KONGSI DELUXE
Company Name:	KITA KONGSI SDN BHD	Company ID:	16798
Admission Date:	17/07/2025	No Of Day(s):	5
Nature of Disability:	APPENDICITIS, ACUTE	ICD Code :	K35
Provider :	COLUMBIA ASIA HOSPITAL PUCHONG	Doctor Name :	DR MUZAMMIL

Benefits	Max Limit	Day(s)	Expenses Incurred	Less Co-Payment	Eligible Expenses	Ineligible Expenses	Remarks
Room & Board	250.00	4.00	930.00	0.00	930.00	0.00	
In Hospital Physician Visit	0.00	0.00	2255.00	0.00	2255.00	0.00	
Rounding	0.00	0.00	-0.01	0.00	-0.01	0.00	
<b>HOSPITAL SERVICE AND SUPPLIES</b>							
Nursing Care/Procedure/Treatment	0.00	0.00	822.61	0.00	822.61	0.00	
Medicine/Pharmacy/Injection/Take Home Drugs	0.00	0.00	2814.27	0.00	2814.27	0.00	
Laboratory Tests	0.00	0.00	320.33	0.00	320.33	0.00	
Diagnostic/X-Ray/Scan/Imaging	0.00	0.00	2242.80	0.00	2242.80	0.00	
Medical Supplies/Consummables	0.00	0.00	648.35	0.00	648.35	0.00	
HSS/Others	0.00	0.00	136.00	0.00	130.00	6.00	EXCESS ITEM REGISTRATION FEE RM6.00
Sub Total	0.00	0.00	6984.36	0.00	6978.36	6.00	
GRAND TOTAL	0.00	0.00	10169.35	0.00	10163.35	6.00	

Annual Limit:	Unlimited	Supplementary Major Medical	
Limit per Disability:	0.00	Total Incurred:	0.00
Total Previous Costs Incurred:	14584.60	Deductible:	0.00
Balance As At Previous Admission:	Unlimited	Eligible Expenses:	0.00
Cumulative Expenses:	24747.95	Payable Eligible Expenses:	0.00
Balance As At To Date:	Unlimited	Remarks:	
Cumulative Post Visit to Dates:	0.00		

Prepared By:	Monica a/p Simon	Expenses Incurred:	10169.35
Issued Date:	28/07/2025	Less Discount:	0.00
Approved On Behalf By:	Affah	Total Expenses Incurred:	10169.35
Approved On Behalf Date:	31/07/2025	Less Co Payment:	0.00
Last Modified By:	Monica a/p Simon	Eligible Expenses:	10163.35
Last Modified Date:	28/07/2025	Ineligible Expenses:	6.00
		Less Co-Share:	0.00
		Payable Amount:	10163.35
		Supp. Major Medical:	0.00
		Total Payable:	10163.35