



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

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SHARING REPORT JUNE 2025

Period : 7th May 2024 to 6th June 2025

Total Members	Active Members (Pass 90 days waiting period)	Approved Hospitalization	Approved Conditional Outpatient Benefits	Total Medical Cost
3432	2298	11	238	RM99,905.90

Total Medical Cost	RM99,905.90
Last Month Extra Shared	RM8.12
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	2298
Each Member Share (Before rounding)	RM43.4716
Each Member Share (After rounding)	RM43.48
Total Share	RM99,917.04
Extra bring to Next Month	RM19.26
Unsettlement Cost to Carry Forward	RM0.00

Case No.	Member Name	Member NRIC	Approved Amount	Hospital Name
1	RISWA	8310	RM11,578.39	KPJ TAWAKKAL KL SPECIALIST HOSPITAL
2	UMAR	2303	RM4,565.95	AURELIUS MEDICAL CENTRE
3	NAUR	2410	RM3,577.70	PANTAI HOSPITAL AYER KEROH
4	NUR A	1911	RM5,163.40	KPJ KLANG SPECIALIST HOSPITAL
5	MOHA	0007	RM19,158.16	KPJ TAWAKKAL KL SPECIALIST HOSPITAL
6	SRITHA	1606	RM4,421.25	COLUMBIA ASIA HOSPITAL - PUCHONG
7	MUHA	0812	RM7,301.01	THOMSON HOSPITAL KOTA DAMANSARA
8	RISWA	8310	RM7,251.45	INSTITUT JANTUNG NEGARA
9	MIA H	2309	RM2,964.90	ORIENTAL MELAKA STRAITS MEDICAL CENTRE
10	MUHA	1903	RM6,425.35	KPJ PERDANA SPECIALIST HOSPITAL
11	NURS	9003	RM3,168.60	SALAM SHAH ALAM SPECIALIST HOSPITAL

Case No.	Diagnosis	Admission Date	Discharge Date
1	CONGESTIVE HEART FAILURE	2025-03-30	2025-04-04
2	GASTRO-OESOPHAGEAL REFLUX DISEASE	2025-04-06	2025-04-08
3	ACUTE PHARYNGITIS, UNSPECIFIED	2025-04-10	2025-04-12
4	NONINFECTIVE GASTROENTERITIS AND COLITIS, U	2025-04-11	2025-04-14
5	MOTORCYCLE RIDER [ANY] INJURED IN UNSPECIF	2025-04-13	2025-04-15
6	GASTRO-OESOPHAGEAL REFLUX DISEASE	2025-04-13	2025-04-15
7	VARICELLA [chickenpox]	2025-04-15	2025-04-19
8	CONGESTIVE HEART FAILURE	2025-04-16	2025-04-18
9	Other and unspecified gastroenteritis and colitis	2025-04-16	2025-04-18
10	ACUTE BRONCHIOLITIS, UNSPECIFIED	2025-04-22	2025-04-26
11	ACUTE APPENDICITIS, UNSPECIFIED	2025-04-23	2025-04-25

Conditional Outpatient Benefits (COB) List

https://app.wekongsi.com/storage/clinic_case_management/7SLt1n9qAXCEkpJPfuJhjZZakF81bwDKeQQeI7KD.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/IP000019	Issued by: Nur Afiqah Binti Arjunaidie
Issue Date: 30/03/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: KPJ TAWAKKAL SPECIALIST HOSPITAL	Insurer: WE KONGSI SDN BHD
Patient Name: RISWAN [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 8310 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 30/03/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 04/04/2025 12:00:00 AM	Employee Name: RISWAN [REDACTED]
Admitting Diagnosis: CONGESTIVE HEART FAILURE	Employee ID: 20230403633767
Final Diagnosis: CONGESTIVE HEART FAILURE	Relationship: Self
Treating Doctor: DR ROHITH	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 11578.39	

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

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1. Excess daily Room & Board charges.
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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.
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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000023

Issue Date: 06/04/2025

Hospitalisation Information

To Hospital: NILAI MEDICAL CENTRE

Patient Name: UMAR R [REDACTED]

Patient NRIC: 2303 [REDACTED]

Date of Admission: 06/04/2025

Date of Discharge: 08/04/2025 12:00:00 AM

Admitting Diagnosis: GASTRO-OESOPHAGEAL REFLUX
DISEASE

Final Diagnosis: GASTRO-OESOPHAGEAL REFLUX
DISEASE

Treating Doctor: DR FADZLINA

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 4565.95

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: UMAR R [REDACTED]

Employee ID: 20240315967171

Relationship: Self

Duration of Admission:

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000024

Issue Date: 10/04/2025

Hospitalisation Information

To Hospital: PANTAI HOSPITAL AYER KEROH

Patient Name: NAURA [REDACTED]

Patient NRIC: 2410 [REDACTED]

Date of Admission: 10/04/2025

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

• Admitting Diagnosis: ACUTE PHARYNGITIS,
UNSPECIFIED

Final Diagnosis: ACUTE PHARYNGITIS, UNSPECIFIED

Treating Doctor: DR CHOW HUEY LING

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 3577.70

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: NAURA [REDACTED]

Employee ID: 20241202859110

Relationship: Self

Duration of Admission:

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000026

Issue Date: 11/04/2025

Hospitalisation Information

To Hospital: KPJ KLANG SPECIALIST HOSPITAL

Patient Name: NUR AUI [REDACTED]

Patient NRIC: 1911 [REDACTED]

Date of Admission: 11/04/2025

Date of Discharge: 14/04/2025 12:00:00 AM

Admitting Diagnosis: NONINFECTIVE
GASTROENTERITIS AND COLITIS, UNSPECIFIED

Final Diagnosis: NONINFECTIVE GASTROENTERITIS
AND COLITIS, UNSPECIFIED

Treating Doctor: DR VANITHA

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 5163.40

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: NUR AUI [REDACTED]

Employee ID: 20240929480420

Relationship: Self

Duration of Admission:

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Please Note:

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000028	Issued by: DVYA BARATHI A/P JAI CHANDRAN
Issue Date: 13/04/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: COLUMBIA ASIA HOSPITAL PUCHONG	Insurer: WE KONGSI SDN BHD
Patient Name: SRITHAR [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 1606 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 13/04/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 15/04/2025 12:00:00 AM	Employee Name: SRITH [REDACTED]
Admitting Diagnosis: GASTRO-OESOPHAGEAL REFLUX DISEASE	Employee ID: 20231125644762
Final Diagnosis: GASTRO-OESOPHAGEAL REFLUX DISEASE	Relationship: Self
Treating Doctor: DR WONG WEI YIN	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 4421.25	

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000029

Issue Date: 15/04/2025

Hospitalisation Information

To Hospital: THOMSON HOSPITAL (previously known as
Tropicana Medical Center)

Patient Name: MUHAMMAD [REDACTED]

Patient NRIC: 812 [REDACTED]

Date of Admission: 15/04/2025

Date of Discharge: 19/04/2025 12:00:00 AM

Admitting Diagnosis: VARICELLA [chickenpox]

Final Diagnosis: VARICELLA [chickenpox]

Treating Doctor: DR. RUVEENA BHAVANI

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 7301.01

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 STANDARD

Employee Name: MUHAMMAD [REDACTED]

Employee ID: 20240915852831

Relationship: Self

Duration of Admission:

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000027

Issue Date: 13/04/2025

Hospitalisation Information

To Hospital: KPJ TAWAKKAL SPECIALIST HOSPITAL

Patient Name: MOHAM [REDACTED]

Patient NRIC: 0007 [REDACTED]

Date of Admission: 13/04/2025

Date of Discharge: 15/04/2025 12:00:00 AM

Admitting Diagnosis: MOTORCYCLE RIDER [ANY]
INJURED IN UNSPECIFIED NONTRAFFIC ACCIDENT

Final Diagnosis: MOTORCYCLE RIDER [ANY] INJURED
IN UNSPECIFIED NONTRAFFIC ACCIDENT

Treating Doctor: DR ZAIRIZAM

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 19158.16

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: MOHAM [REDACTED]

Employee ID: 20240621129371

Relationship: Self

Duration of Admission:

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000031

Issue Date: 16/04/2025

Hospitalisation Information

To Hospital: ORIENTAL MELAKA STRAITS MEDICAL
CENTRE

Patient Name: MIA HEI [REDACTED]

Patient NRIC: 2309 [REDACTED]

Date of Admission: 16/04/2025

Date of Discharge: 18/04/2025 12:00:00 AM

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

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

Treating Doctor: Dr Nor Hazirah Mohd Jiwa

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 2964.90

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: MIA HEI [REDACTED]

Employee ID: 20241230910173

Relationship: Self

Duration of Admission:

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+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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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000032	Issued by: Arissa Masturina Binti Zaidi
Issue Date: 16/04/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: INSTITUTE JANTUNG NEGARA	Insurer: WE KONGSI SDN BHD
Patient Name: RISWAN [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 8310 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 16/04/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 18/04/2025 12:00:00 AM	Employee Name: RISWAN [REDACTED]
Admitting Diagnosis: CONGESTIVE HEART FAILURE	Employee ID: 20230403633767
Final Diagnosis: HEART FAILURE, UNSPECIFIED	Relationship: Self
Treating Doctor: CONSULTANT SPECIALIST	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 7251.45	

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SULTAN ISMAIL, 50250 KUALA LUMPUR
W.P. KUALA LUMPUR MALAYSIA.

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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/IP000036	Issued by: Nor Affifah Binti Abdul Rashid
Issue Date: 22/04/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: KPJ PERDANA SPECIALIST HOSPITAL	Insurer: WE KONGSI SDN BHD
Patient Name: MUHAMMAD [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 1903 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 22/04/2025	Plan No: WE KONGSI STANDARD
Date of Discharge: 26/04/2025 12:00:00 AM	Employee Name: MUHAMMAD [REDACTED]
Admitting Diagnosis: ACUTE BRONCHIOLITIS, UNSPECIFIED	Employee ID: 20231126655172
Final Diagnosis: ACUTE BRONCHIOLITIS, UNSPECIFIED	Relationship: Self
Treating Doctor: DR MAZIDAH	Duration of Admission:
Daily Room & Board: RM 150.00	
Final Guaranteed Amount: RM 6425.35 ✓	

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.



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

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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/IP000037	Issued by: Nurhafizza Dahlia Binti Hairul Amir
Issue Date: 23/04/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: SALAM MEDICAL CENTRE/SHAH ALAM SPECIALIST HOSPITAL	Insurer: WE KONGSI SDN BHD
Patient Name: NURSYUHA [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 9003 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 23/04/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 25/04/2025 12:00:00 AM	Employee Name: NURSYUHA [REDACTED]
Admitting Diagnosis: ACUTE APPENDICITIS, UNSPECIFIED	Employee ID: 20241028675420
Final Diagnosis: ACUTE CYSTITIS	Relationship: Self
Treating Doctor: DR ABDUL SHUKOR	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 3168.60	

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)

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. Supplemmets, 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.