



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 NOV 2025

Period : 7th Oct 2025 to 6th Nov 2025

Total Members	Active Members (Pass 90 days waiting period)	Approved Hospitalization	Approved Conditional Outpatient Benefits	Total Medical Cost
6550	4199	14	644	RM204,825.15

Total Medical Cost	RM204,825.15
Last Month Extra Shared	RM6.30
Last Month Unsettlement Balance	RM0.00
Active Members (Pass 90 days waiting period)	4199
Each Member Share (Before rounding)	RM48.7780
Each Member Share (After rounding)	RM48.78
Total Share	RM204,827.22
Extra bring to Next Month	RM8.37
Unsettlement Cost to Carry Forward	RM0.00



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Case No.	Member Name	Member NRIC	Approved Amount	Hospital Name
1	DAARIS IRFA	2307	RM3,800.55	ARA DAMANSARA MEDICAL CENTRE
2	SITI SALIH	8809	RM3,300.40	THOMSON HOSPITAL KOTA DAMANSARA
3	WAN NURL	0809	RM20,606.50	AURELIUS HOSPITAL PAHANG
4	MUHAMMA	2410	RM1,687.05	ORIENTAL MELAKA STRAITS MEDICAL CENTRE
5	MUHAMMA	8809	RM6,944.49	PUTRA SPECIALIST HOSPITAL (MELAKA)
6	MAZWADI B	8312	RM7,776.30	KMI KUANTAN MEDICAL CENTRE
7	ZEHRA KHA	2411	RM6,379.95	ORIENTAL MELAKA STRAITS MEDICAL CENTRE
8	UWAIS AL O	2010	RM2,317.55	KPJ PUTERI SPECIALIST HOSPITAL (JOHOR)
9	NUR AAIRA	2201	RM14,577.25	PANTAI HOSPITAL AYER KEROH
10	SUHANA BIN	8001	RM15,699.79	KPJ SEREMBAN SPECIALIST HOSPITAL
11	UMADEVI A	7903	RM4,155.85	BAGAN SPECIALIST CENTRE
12	AMILIA BINT	0405	RM8,847.15	LAM WAH EE HOSPITAL
13	NURUL AIN	0412	RM12,369.50	KPJ KLANG SPECIALIST HOSPITAL
14	RAYYAN HA	2308	RM12,986.40	AURELIUS HOSPITAL PAHANG

Case No.	Diagnosis	Admission Date	Discharge Date
1	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	2025-07-07	2025-07-09
2	CYST OF KIDNEY, ACQUIRED	2025-07-09	2025-07-10
3	FEVER, UNSPECIFIED	2025-07-17	2025-07-24
4	ALLERGY, UNSPECIFIED	2025-07-17	2025-07-18
5	CUTANEOUS ABSCESS, FURUNCLE AND CARBUNCLE OF TRUNK	2025-07-18	2025-07-18
6	HYPERTENSION PRIMARY (ESSENTIAL)	2025-07-19	2025-07-22
7	PNEUMONIA, UNSPECIFIED	2025-07-21	2025-07-24
8	Other and unspecified gastroenteritis and colitis of infectious origin	2025-07-21	2025-07-22
9	SINUSITIS ACUTE, UNSPECIFIED	2025-07-22	2025-07-25
10	OTHER AND UNSPECIFIED OVARIAN CYSTS	2025-07-22	2025-07-24
11	INTERVERTEBRAL DISC DISORDER, UNSPECIFIED	2025-07-22	2025-07-25
12	ABDOMINAL AND PELVIC PAIN	2025-07-23	2025-07-26
13	BRONCHITIS ACUTE, UNSPECIFIED	2025-07-23	2025-07-28
14	BRONCHOPNEUMONIA, UNSPECIFIED	2025-07-24	2025-07-29

Conditional Outpatient Benefits (COB) List

[https://app.wekongsi.com/storage/clinic_case_management/nRW4z6uPBWxQK6W9rKV6E5jzDViMpWvuh3ZXDyBo.p
df](https://app.wekongsi.com/storage/clinic_case_management/nRW4z6uPBWxQK6W9rKV6E5jzDViMpWvuh3ZXDyBo.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/IP000085	Issued by: Nurhafizza Dahlia Binti Hairul Amir
Issue Date: 24/07/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: PAHANG MEDICAL CENTRE	Insurer: WE KONGSI SDN BHD
Patient Name: RAYYAN HA [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 2308 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 24/07/2025	Plan No: WE KONGSI STANDARD
Date of Discharge: 29/07/2025 12:00:00 AM	Employee Name: RAYYAN HA [REDACTED]
Admitting Diagnosis: BRONCHOPNEUMONIA, UNSPECIFIED	Employee ID: 20230908663000
Final Diagnosis: BRONCHOPNEUMONIA, UNSPECIFIED	Relationship: Self
Treating Doctor: DR SAW KIAN RUEY	Duration of Admission:
Daily Room & Board: RM 150.00	
Final Guaranteed Amount: RM 12986.40	

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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:

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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.

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/IP000084	Issued by: Nurhafizza Dahlia Binti Hairul Amir
Issue Date: 23/07/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: LAM WAH EE HOSPITAL	Insurer: WE KONGSI SDN BHD
Patient Name: AMILIA E [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 0405 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 23/07/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 26/07/2025 12:00:00 AM	Employee Name: AMILIA [REDACTED]
Admitting Diagnosis: ABDOMINAL AND PELVIC PAIN	Employee ID: 20240803988975
Final Diagnosis: ABDOMINAL AND PELVIC PAIN	Relationship: Self
Treating Doctor: DATO' DR S SHANKAR	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 8847.15	

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000083

Issue Date: 23/07/2025

Hospitalisation Information

To Hospital: KPJ KLANG SPECIALIST HOSPITAL

Patient Name: NURUL [REDACTED]

Patient NRIC: 0412 [REDACTED]

Date of Admission: 23/07/2025

Date of Discharge: 28/07/2025 12:00:00 AM

Admitting Diagnosis: BRONCHITIS ACUTE,
UNSPECIFIED

Final Diagnosis: BRONCHITIS ACUTE, UNSPECIFIED

Treating Doctor: DR AFFIDA

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 12369.50

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: NURUL [REDACTED]

Employee ID: 20241109949969

Relationship: Self

Duration of Admission:

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000080	Issued by: Nurqadrina Binti Mohd Kadri
Issue Date: 22/07/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: KPJ SEREMBAN SPECIALIST HOSPITAL	Insurer: WE KONGSI SDN BHD
Patient Name: SUHANA [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 8001 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 22/07/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 24/07/2025 12:00:00 AM	Employee Name: SUHANA [REDACTED]
Admitting Diagnosis: OTHER AND UNSPECIFIED OVARIAN CYSTS	Employee ID: 20230403773435
Final Diagnosis: OTHER AND UNSPECIFIED OVARIAN CYSTS	Relationship: Self
Treating Doctor: DR ISHAK ABDUL SAMAD	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 15699.79	

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSIB/25/IP000082

Issue Date: 22/07/2025

Hospitalisation Information

To Hospital: BAGAN SPECIALIST CENTRE

Patient Name: UMADEVI [REDACTED]

Patient NRIC: 7903 [REDACTED]

Date of Admission: 22/07/2025

Date of Discharge: 25/07/2025 12:00:00 AM

Admitting Diagnosis: INTERVERTEBRAL DISC
DISORDER, UNSPECIFIED

Final Diagnosis: INTERVERTEBRAL DISC DISORDER,
UNSPECIFIED

Treating Doctor: DR ONG CHENG HWA

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 4155.85

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: UMADEVI [REDACTED]

Employee ID: 20240323131027

Relationship: Self

Duration of Admission:

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Kuala Lumpur 50400 WP Kuala Lumpur

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000081

Issue Date: 22/07/2025

Hospitalisation Information

To Hospital: PANTAI HOSPITAL AYER KEROH

Patient Name: NUR AAIRA [REDACTED]

Patient NRIC: 2201 [REDACTED]

Date of Admission: 22/07/2025

Date of Discharge: 25/07/2025 12:00:00 AM

Admitting Diagnosis: SINUSITIS ACUTE, UNSPECIFIED

Final Diagnosis: SINUSITIS ACUTE, UNSPECIFIED

Treating Doctor: DR MOHD ZAKI

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 14577.25

Issued by: Nor Affifah 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 DELUXE

Employee Name: NUR AA [REDACTED]

Employee ID: 20230417302511

Relationship: Self

Duration of Admission:

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000079

Issue Date: 21/07/2025

Hospitalisation Information

To Hospital: ORIENTAL MELAKA STRAITS MEDICAL
CENTRE

Patient Name: ZEHRA KH [REDACTED]

Patient NRIC: 2411 [REDACTED]

Date of Admission: 21/07/2025

Date of Discharge: 24/07/2025 12:00:00 AM

Admitting Diagnosis: PNEUMONIA, UNSPECIFIED

Final Diagnosis: RESPIRATORY SYNCYTIAL VIRUS
PNEUMONIA

Treating Doctor: DR NORHAZIRAH

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 6379.95

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: ZEHRA KH [REDACTED]

Employee ID: 20250214985656

Relationship: Self

Duration of Admission:

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000077

Issue Date: 21/07/2025

Hospitalisation Information

To Hospital: KPJ PUTERI SPECIALIST HOSPITAL
(JOHOR)

Patient Name: UWAIS AL [REDACTED]

Patient NRIC: 2010 [REDACTED]

Date of Admission: 21/07/2025

Date of Discharge: 22/07/2025 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 KOK CHIN LEONG

Daily Room & Board: RM 150.00

Final Guaranteed Amount: RM 2317.55 /

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: UWAIS AL [REDACTED]

Employee ID: 20240830806890

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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respect of admission of the above patient**

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Please Note:

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

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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/IP000076	Issued by: Asmah Nurlaini Binti Shamsu Kamar
Issue Date: 19/07/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: KUANTAN MEDICAL CENTRE	Insurer: WE KONGSI SDN BHD
Patient Name: MAZWADI [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 8312 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 19/07/2025	Plan No: WE KONGSI DELUXE
Date of Discharge: 22/07/2025 12:00:00 AM	Employee Name: MAZWA [REDACTED]
Admitting Diagnosis: HYPERTENSION PRIMARY (ESSENTIAL)	Employee ID: 20241226789540
Final Diagnosis: HYPERTENSION PRIMARY (ESSENTIAL)	Relationship: Self
Treating Doctor: DR MOHAMED HADZRI HASMONI	Duration of Admission:
Daily Room & Board: RM 250.00	
Final Guaranteed Amount: RM 7776.30	

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/DC000073	Issued by: DVYA BARATHI A/P JAI CHANDRAN
Issue Date: 18/07/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: PUTRA SPECIALIST HOSPITAL (MELAKA)	Insurer: WE KONGSI SDN BHD
Patient Name: MUHAMMAD [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 8809 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 18/07/2025	Plan No: WE KONGSI STANDARD
Date of Discharge: 18/07/2025 12:00:00 AM	Employee Name: MUHAMMAD [REDACTED]
Admitting Diagnosis: CUTANEOUS ABSCESS, FURUNCLE AND CARBUNCLE OF TRUNK	Employee ID: 20241130743430
Final Diagnosis: CUTANEOUS ABSCESS, FURUNCLE AND CARBUNCLE OF TRUNK	Relationship: Self
Treating Doctor: DR NOORHARISMAN IDORIS	Duration of Admission:
Daily Room & Board: RM 150.00	
Final Guaranteed Amount: RM 6944.49	

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Tel: 03 9213 0103

HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000075

Issue Date: 17/07/2025

Hospitalisation Information

To Hospital: ORIENTAL MELAKA STRAITS MEDICAL
CENTRE

Patient Name: MUHAMMAD HA [REDACTED]

Patient NRIC: 2410 [REDACTED]

Date of Admission: 17/07/2025

Date of Discharge: 18/07/2025 12:00:00 AM

Admitting Diagnosis: ALLERGY, UNSPECIFIED

Final Diagnosis: ALLERGY, UNSPECIFIED

Treating Doctor: DR TEOH SOH LAN

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 1687.05

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 DELUXE

Employee Name: MUHAMMAD HA [REDACTED]

Employee ID: 20241031246455

Relationship: Self

Duration of Admission:

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000072	Issued by: Asmah Nurlaini Binti Shamsu Kamar
Issue Date: 16/07/2025	Employer Name: KITA KONGSI SDN BHD
Hospitalisation Information	Insurance Policy Information
To Hospital: PAHANG MEDICAL CENTRE	Insurer: WE KONGSI SDN BHD
Patient Name: WAN NURLA [REDACTED]	Policy Number: WEKONGSI01012025
Patient NRIC: 0809 [REDACTED]	Policy Holder Name: KITA KONGSI SDN BHD
Date of Admission: 17/07/2025	Plan No: WE KONGSI STANDARD
Date of Discharge: 24/07/2025 12:00:00 AM	Employee Name: WAN NUR [REDACTED]
Admitting Diagnosis: FEVER, UNSPECIFIED	Employee ID: 20230610836839
Final Diagnosis: FEVER, UNSPECIFIED	Relationship: Self
Treating Doctor: DR TENGKU SYED MUHAMMAD NAQUIB	Duration of Admission:
Daily Room & Board: RM 150.00	
Final Guaranteed Amount: RM 20606.50	

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HOSPITALISATION FINAL GUARANTEE LETTER

Our Ref: WK25/KKSB/25/IP000064

Issue Date: 07/07/2025

Hospitalisation Information

To Hospital: ARA DAMANSARA MEDICAL CENTRE

Patient Name: DAARIS IRFAN

Patient NRIC: 2307

Date of Admission: 07/07/2025

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

Admitting Diagnosis: NONINFECTIVE
GASTROENTERITIS AND COLITIS, UNSPECIFIED

Final Diagnosis: Gastroenteritis and colitis of unspecified origin

Treating Doctor: DR SHEENA

Daily Room & Board: RM 250.00

Final Guaranteed Amount: RM 3800.55

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 DELUXE

Employee Name: DAARIS IRFAN

Employee ID: 20231227759446

Relationship: Self

Duration of Admission:

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