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|--|--------------------------|---|--------------------------|
| 1. Completed Claim Form | <input type="checkbox"/> | 4. Records of all required vaccinations | <input type="checkbox"/> |
| 2. Final detailed medical bills and receipts | <input type="checkbox"/> | 5. Past medical records, eg. Updated | <input type="checkbox"/> |
| 3. Medical Report / Discharge Summary | <input type="checkbox"/> | medical check-up records | |