



Ministry-Life Balance

How to Start a New Claim

Use this guide when you are submitting a claim for a new and unrelated medical condition.

Before you start

Please check My Claims first. If the treatment is for a condition already listed in the portal, do **not** start a new claim.

Open the existing claim and add the new invoice there instead. For help with this, please see the **How to Add an Existing Claim Guide**.

Step-by-Step Guide

1 Enter your policy details

Log into www.expatriate.claims. Enter your Policy Number, select the correct Policyholder / Claimant Name, and click Proceed.

2 Complete missing personal details

The portal may show your policy details. Complete any missing information, such as your phone number, before continuing.

3 Select the claim type

The screenshot shows the 'PERSONAL DETAILS' step of the 'expatriate.claims' process. A dropdown menu is open for 'SELECT YOUR CLAIM TYPE'. The menu options are: Please Select, Accident/Injury, Illness, Maternity, Compassionate travel, Repatriation of mortal remains, Preventative, Dental, and Optical. Below the dropdown, there is a small text box stating: 'Expatriate.Claims is a trading s Authority(FCA). FCA Firm Refe In accordance with the permissions granted by the FCA UNDER PART IV OF THE Financial Services and Markets ACT 2000.' The bottom right corner of the page mentions 'al Conduct in Regulated Activities'.

4 Complete the claim details

Answer the questions shown on the Claim Details page. The questions may be different depending on the claim type you selected.

The screenshot shows the 'Illness' claim details form. The form is titled 'Illness' and has a progress bar at the top with four steps: PERSONAL DETAILS, ENTER CLAIM DETAILS (current step), PROVIDE DOCUMENTS, and CLAIM SUBMITTED. The form contains the following questions and input fields:

- PLEASE GIVE DETAILS OF THE ILLNESS/SYMPTOMS: [Text input field]
- DATE YOU FIRST NOTICED SYMPTOMS*: [Text input field]
- WHAT TREATMENT HAVE YOU RECEIVED?: [Text input field]
- DID YOU REQUIRE AN OVERNIGHT STAY IN A HOSPITAL/BLD?: [Dropdown menu]
- HAVE YOU EVER SUFFERED SYMPTOMS LIKE THIS BEFORE THE PRESENT EPISODE?: [Dropdown menu]
- DETAILS OF YOUR USUAL FAMILY DOCTOR: [Text input field]
- WHEN WAS THE LAST TIME PRIOR TO THIS ILLNESS YOU VISITED YOUR DOCTOR AND WHAT WAS THIS FOR?: [Text input field]
- DO YOU SUFFER WITH ANY OTHER CONDITION / ILLNESS?: [Dropdown menu]

5

Complete the Loss Table

Scroll down to the Loss Table and enter the invoice details. Please enter one invoice per loss row. Then tick the Terms and Conditions box and click Proceed.

Access to Medical Reports

Before we can supply for a medical report from a Doctor who had cared for you, we need your consent by signing below. Before doing so, however, you should read the text carefully.

You do not have to give your consent but, if you choose, you can see whether you wish to see the report before it is sent to us. If you do not give consent, this may affect our ability to assess your claim.

If you say you do not wish to see the report, we do not have to notify you if we apply for one. However, if before we have a report is sent to us, you change your mind, you can write to the Doctor saying you wish to see it, you will then have 21 days to contact the Doctor about arrangements for you to see the report.

If you say you wish to see the report, we will tell you at the same time as we write to the Doctor and we will tell him you wish to see the report. We will then have 21 days to contact the Doctor about arrangements for you to see the report. Whether or not you say you wish to see the report before it is sent to us, the Doctor must let you see a copy for up to six months after it is supplied. If you ask, if you ask the Doctor for a copy of the report, he can charge you a reasonable fee to cover his costs.

Once you have seen a report before it is sent to us, the Doctor cannot submit it until he has your consent. You can write to the Doctor, asking him to amend any part of the report which you consider to be incorrect or misleading, and have attached to the report a statement of your views on any part where you and the Doctor are not in agreement and which the Doctor is not prepared to allow.

The Doctor is not obliged to let you see any part of a report if, in his opinion, that would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the Doctor's intention towards you, or if disclosure would be likely to reveal information about you, or the identity of another person who has supplied information about you, unless that person has consented or the information relates to, or has been supplied by, a health professional involved in care for you.

In such cases, the Doctor must notify you and you will be invited to signing any remaining part of the report. If it is the whole report, which is accepted, he must not send it to us unless you give your consent.

I do not wish to see any medical report

I do wish to see the medical report

Signed:

Dated: 17/10/2025

(If document is under 10, please print or scan and send sign)

Reset Signature

DETAILS OF SERVICES PROVIDED WITH COSTS INCURRED *

Please list below your losses and add a new row if you've incurred multiple losses. Such as MRI cost, Xray cost and subsequent consultations.

Date of Service	Name of Provider	Description of Service	Currency	Cost
01/10/2025	i Hospital Penang	tion (Appendicitis)	Malaysian Ringgit	5410
08/10/2025	i Hospital Penang	nent (Appendicitis)	Malaysian Ringgit	530
03/10/2025	i Hospital Penang	nent (Appendicitis)	Malaysian Ringgit	230

Remove row

Add new row

Terms and Conditions

I declare that the information provided in respect of this claim is, to the best of my knowledge, a fair and accurate reflection of the circumstance of my claim.

I understand that any misrepresentation will result in my cover being cancelled in full, without refund of premium. I understand that legal proceedings will be brought against me in the event of any proven fraudulent application for benefit.

Data Protection, Fraud Prevention and Detection

In order to administer your claim, this information will be used by Expatiate Healthcare, its appointed representatives and their group companies. It may be held on computer and/or in manual files for administration and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting claims handling and fraud prevention purposes. If you give us false or inaccurate information and we suspect fraud we will resign and pass this information to fraud prevention agencies.

You are providing your consent to our processing of your sensitive personal data for the above purposes. You also consent to the transferring of your information to countries which do not provide the same level of data protection as the UK. If we do make such a transfer we will, if appropriate, put a contract in place to ensure your rights are protected.

Where you have provided information about another person, you confirm that they have agreed to us using their information, to consent to the processing of their personal data, including sensitive data, to the transfer of their information overseas and to receive on their behalf any data protection notices.

Our Data Protection Statement and Document Retention Policies can be viewed

Data Protection Statement

Document Retention Policy

☒

I have read and agree to the Terms and Conditions

BACK

PROCEED

Note: If you have more than one invoice, add each invoice as a separate loss row.

4

6 Add your bank account

Select the bank country and account currency, then click Proceed. Please make sure your bank account can receive the currency selected.

Add Bank Account

IMPORTANT
Please ensure that the bank details you are entering are for a current account as we cannot make payments into a savings account or onto a credit card. Please also ensure that your bank account will accept the currency you are requesting.
Entering incorrect bank details will delay settlement of your claim and may incur charges.

ENTITY TYPE: PERSONAL

BANK COUNTRY: Thailand

ACCOUNT CURRENCY: THB - Thai baht

BACK RESET PROCEED

SAVE FOR LATER

7 Complete the bank details

Enter the required bank account details and click Proceed. The information requested may vary depending on the bank's country.

Add Bank Account

IMPORTANT
Please ensure that the bank details you are entering are for a current account as we cannot make payments into a savings account or onto a credit card. Please also ensure that your bank account will accept the currency you are requesting.
Entering incorrect bank details will delay settlement of your claim and may incur charges.

ENTITY TYPE: PERSONAL

BANK COUNTRY: TH

ACCOUNT CURRENCY: THB

PAYMENT METHOD: LOCAL

ACCOUNT NAME: [Text Field]

ACCOUNT NUMBER: [Text Field]

SWIFT CODE: [Text Field]

BANK NAME: [Text Field]

ACCOUNT HOLDERS STREET ADDRESS: [Text Field]

CITY: [Text Field]

COUNTRY: Thailand

STATE: TH-50

POSTCODE: [Text Field]

BACK RESET PROCEED

Note: Incorrect bank details may delay payment or result in bank charges.

8 Confirm the bank account

After entering your bank details, you will see the Manage Bank Account page. Review the bank account shown and click Proceed to continue.

The screenshot shows the 'Manage Bank Account' page. At the top, there is a progress bar with four steps: 'PERSONAL DETAILS', 'ENTER CLAIM DETAILS' (which is the active step), 'PROVIDE DOCUMENTS', and 'CLAIM SUBMITTED'. Below the progress bar, the title 'Manage Bank Account' is displayed. A message states: 'We have following bank account linked, you can still update the account details using the choices provided below.' The form displays the following information: 'Bank Account Nick Name' (redacted), 'Bank Account Number' (redacted), and 'Account Currency' (THB). At the bottom, there are three buttons: 'BACK', 'EDIT BANK ACCOUNT', and 'ADD NEW BANK ACCOUNT'. A 'PROCEED' button is located at the bottom right of the form.

9 Upload your documents

After your bank details are confirmed, the portal will ask you to upload your claim documents.

Document upload reminder: Upload clear documents one at a time. Please include the itemized invoice and proof of payment. If you are claiming medication, please also upload the prescription. If your claim requires a referral or medical report, please upload them as well.

Note: Clearly naming your files before uploading helps us reimburse your claim more quickly and accurately. (Highly appreciated!)

Suggested file names:

- 5 Mar 2026 - Receipt
- 5 Mar 2026 - Itemized Invoice
- 5 Mar 2026 - Prescription

That's it, your part is done!

When & How to Follow Up

To follow up, you can check on the portal for status updates. If it shows as paid, usually an email has also been sent to you about it. You should hear back from us within 31 days.

Need Help?

Please contact your dedicated agent directly or email info@talent-trust.com.

The challenges of mission life can limit the impact of a missionary's ministry. Talent Trust provides missionaries with resources to stay physically, mentally, and financially healthy, so they can thrive as long as needed in their calling.