



LONPAC INSURANCE BHD

(307414-T)

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DMS/10/SKHPPA/P/001/Dec.

FOREIGN WORKER HOSPITALISATION AND SURGICAL SCHEME PROPOSAL FORM (SKHPPA) BORANG CADANGAN SKIM KEMASUKAN HOSPITAL DAN PEMBEDAHAN PEKERJA ASING (SKHPPA)

IMPORTANT : STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT 1996

You are to disclose in this proposal form, duly and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be invalidated.

MUSTAHAK : KENYATAAN MENGIKUT SEKSYEN 149(4) AKTA INSURANS 1996

Anda adalah diminta memberi maklumat secara penuh dan jujur segala butir-butir yang anda tahu atau patut tahu di atas borang cadangan ini, kalau tidak polisi yang dikeluarkan menurut cadangan ini boleh menjadi tidak sah.

Account No.
No. Akaun

Reference No.
No. Rujukan

Type of Proposal : ☐ New ☐ Take-over
Jenis Cadangan ☐ Baru ☐ Ambil alih

EMPLOYER'S PARTICULARS / BUTIR-BUTIR MAJIKAN

1. Business Registration No./NRIC : No. Pendaftaran Syarikat/KP	<input type="text"/>
2. Name of Proposer / Employer : Nama Pencadang / Majikan	<input type="text"/>
(Business Registration Document/NRIC verified by: _____ Signature & Name of Agent/Staff)	
3. Address of Employer : Alamat Majikan	<input type="text"/>
Postcode: Poskod	<input type="text"/>
State Negeri	<input type="text"/>
4. Telephone No. : No. Telefon	Office <input type="text"/> - <input type="text"/> Mobile <input type="text"/> - <input type="text"/>
5. E-mail Address : Alamat E-Mel	<input type="text"/>
6. Business/Occupation : Perniagaan/Pekerjaan	<input type="text"/>

PERIOD OF INSURANCE COVERAGE / TEMPOH PERLINDUNGAN INSURANS

7. Period of Coverage : Tempoh Perlindungan	<input type="text"/> Months Bulan															
8. Date of Coverage : Tarikh Perlindungan	From <input type="text"/> - <input type="text"/> To <input type="text"/> - <input type="text"/>															
9. No. of worker(s) to be insured / Bilangan pekerja yang akan diinsuranskan _____ (if more than one (1) worker, please complete the Workers Particulars Form) (jika lebih dari seorang (1) pekerja, sila lengkapkan Borang Butir-Butir Pekerja yang disertakan dalam lampiran ini)																
10. Sector (Please tick ✓) Sektor (Sila tanda ✓)	<table><tr><td><input type="checkbox"/> Construction Pembinaan</td><td><input type="checkbox"/> Manufacturing Perkilangan</td><td><input type="checkbox"/> Services Perkhidmatan</td></tr><tr><td><input type="checkbox"/> Plantation Ladang</td><td><input type="checkbox"/> Mining/Quarrying Perlombongan/Quari</td><td><input type="checkbox"/> Wholesale/Retail Trade/Workshop Borongan/Runcit Perdagangan/Bengkel</td></tr><tr><td><input type="checkbox"/> Transportation Pengangkutan</td><td><input type="checkbox"/> Farming Perladangan</td><td><input type="checkbox"/> Fishery Perikanan</td></tr><tr><td><input type="checkbox"/> Livestock Binatang Ternakan</td><td><input type="checkbox"/> Hunting Memburu</td><td><input type="checkbox"/> Forestry Perhutanan</td></tr><tr><td><input type="checkbox"/> Electricity, Gas & Water Supply Pembekalan Elektrik, Gas & Air</td><td colspan="2"><input type="checkbox"/> Others, Please Specify Lain-lain, Sila Memperinci</td></tr></table>	<input type="checkbox"/> Construction Pembinaan	<input type="checkbox"/> Manufacturing Perkilangan	<input type="checkbox"/> Services Perkhidmatan	<input type="checkbox"/> Plantation Ladang	<input type="checkbox"/> Mining/Quarrying Perlombongan/Quari	<input type="checkbox"/> Wholesale/Retail Trade/Workshop Borongan/Runcit Perdagangan/Bengkel	<input type="checkbox"/> Transportation Pengangkutan	<input type="checkbox"/> Farming Perladangan	<input type="checkbox"/> Fishery Perikanan	<input type="checkbox"/> Livestock Binatang Ternakan	<input type="checkbox"/> Hunting Memburu	<input type="checkbox"/> Forestry Perhutanan	<input type="checkbox"/> Electricity, Gas & Water Supply Pembekalan Elektrik, Gas & Air	<input type="checkbox"/> Others, Please Specify Lain-lain, Sila Memperinci	
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<input type="checkbox"/> Electricity, Gas & Water Supply Pembekalan Elektrik, Gas & Air	<input type="checkbox"/> Others, Please Specify Lain-lain, Sila Memperinci															
11. Who will be paying the premium : for this insurance policy? Siapakah yang akan membayar premium untuk polisi insuran ini?	<input type="checkbox"/> Employer Majikan <input type="checkbox"/> Foreign worker themselves Pekerja asing sendiri															

12. To be filled up only if Place of Employment Address is not the same as the Address of Employer above :-
Hanya perlu diisi sekiranya Alamat Tempat Pekerjaan berlainan dengan Alamat Majikan di atas :-

a) Business Registration No./
NRIC/Passport/Construction Site No./
Project Reference No.
*No. Pendaftaran Syarikat/KP/Pasport/
Rujukan Tapak Pembinaan/Rujukan Projek*

b) Place of Employment Address :
Alamat Tempat Pekerjaan

Postcode
Poskod

State
Negeri

FOREIGN WORKER'S PARTICULARS [If application is for only one (1) worker, please complete the following particular] :-
BUTIR-BUTIR PEKERJA ASING [jika permohonan untuk seorang (1) pekerja, sila lengkapkan butir-butir berikut] :

13. Name of Worker <i>Nama Pekerja</i>	:	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>																												
14. Nationality <i>Warganegara</i>	:	<div style="border: 1px solid black; height: 20px;"></div>														15. Passport No. : No. Paspot	<div style="border: 1px solid black; height: 20px;"></div>													
16. Date of Birth <i>Tarikh Lahir</i>	:	<div style="border: 1px solid black; height: 20px; display: flex; align-items: center; justify-content: space-between; padding: 0 5px;"> -- </div> <div style="text-align: center; font-size: small; margin-top: 2px;">(DD/MM/YY / HH/BB/TT)</div>														17. Gender :	<input type="checkbox"/> Male <i>Lelaki</i> <input type="checkbox"/> Female <i>Pereempuan</i>													
18. Marital Status <i>Taraf Perkahwinan</i>	:	<input type="checkbox"/> Single <i>Bujang</i> <input type="checkbox"/> Married <i>Kahwin</i> <input type="checkbox"/> Divorced <i>Bercerai</i> <input type="checkbox"/> Widow/Widower <i>Janda/Duda</i>														20. Work Permit Expiry Date : <i>Tarikh Luput Permit Kerja</i>	<div style="border: 1px solid black; height: 20px;"></div>													
19. Work Permit No. <i>No. Permit Kerja</i>	:	<div style="border: 1px solid black; height: 20px;"></div>																												
21. Nature of Work <i>Jenis Pekerja</i>	:	<div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>																												

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact.

Bahawasanya dengan ini saya/kami mengakui dan mengesahkan sepanjang pengetahuan saya/kami pernyataan-pernyataan yang terkandung dalam borang cadangan ini benar dan betul dan saya/kami tidak menyembunyi, menyalah tafsir, memalsukan atau memberi pernyataan-pernyataan yang tidak benar mengenai apa-apa keterangan penting.

Date
Tarikh

Signature of Proposer / Company Rubber Stamp
Tandatangan Pencadang / Cop Syarikat

Annual Premium / Premium Tahunan	RM120.00 (per worker / setiap pekerja)
Total Premium / Jumlah Premium	RM
Service Tax / Cukai Perkhidmatan (6%)	RM
Stamp Duty / Duti Setem	RM 10.00
TOTAL / JUMLAH	RM

All Cheques must be made payable to "LONPAC INSURANCE BHD"
Semua Cek hendaklah dibayar atas nama "LONPAC INSURANCE BHD"

Enclose herewith payment Cash / Cheque No _____
 Bersama ini disertakan bayaran Tunai / Cek No _____

Amounting to RM _____
Berjumlah

Date/Time Received _____
Tarikh/Masa Diterima

Signature _____
Tandatangan

**DESCRIPTION OF BENEFITS / COVERAGE / KETERANGAN FAEDAH / PERLINDUNGAN
HOSPITAL & SURGICAL BENEFITS / MANFAAT KEMASUKAN KE HOSPITAL & PEMBEDAHAN**

Item / Perkara	Benefits / Manfaat	Amount (RM) / Jumlah (RM)
1 (a)	Daily Hospital Room & Board (Maximum up to 30 days) <i>Bilik Hospital & Makan Harian (Maksimum sehingga 30 hari)</i>	<p>As charged – in accordance to charges consistent with Third (3rd) Class Room & Board to a maximum of RM60.00 per day, in a Non-Corporatised Malaysian Government Hospital in conformance to the charges specified under Fees Act 1951, Fees (Medical) Order 1982.</p> <p><i>Bayaran yang dikenakan – mengikut bayaran yang selaras dengan Bilik & Makan Kelas Ketiga (ke-3) sehingga maksimum RM60 sehari di Hospital Kerajaan Malaysia Bukan Korporat mengikut Akta Fi 1951, Perintah Fi (Perubatan) 1982</i></p>
1 (b)	Intensive Care Unit (Maximum up to 15 days) <i>Unit Rawatan Rapi (Maksimum sehingga 15 hari)</i>	
2	Hospital Supplies and Services <i>Bekalan dan Khidmat Hospital</i>	
3	Operating Theatre <i>Bilik Bedah</i>	
4	Surgical Fees (Excluding organ transplantation) <i>Bayaran Pembedahan (Tidak merangkumi transplant organ)</i>	
5	Anaesthetist Fees <i>Bayaran Pakar Bius</i>	
6	In-Hospital Physician Visits (Maximum up to 30 days) <i>Lawatan Pakar Perubatan Dalam Hospital (Maksimum sehingga 30 hari)</i>	
7	In-Hospital Specialist Consultation Visits (Maximum up to 30 days) <i>Lawatan Rundingan Pakar Dalam Hospital (Maksimum sehingga 30 hari)</i>	
8	Ambulance Fees/Medical Reports Fees <i>Bayaran Ambulans/Bayaran Laporan Perubatan</i>	
MAXIMUM OVERALL ANNUAL LIMIT (Item 1 to 8) Per Insured Worker <i>HAD TAHUNAN KESELURUHAN MAKSIMUM (Perkara 1 hingga 8) Bagi Setiap Orang Yang Diinsuranskan</i>		RM10,000.00
ANNUAL PREMIUM (Before 6% Service Tax and RM10.00 Stamp Duty) <i>PREMIUM TAHUNAN (Sebelum 6% Cukai Perkhidmatan dan RM10.00 Duti Setem)</i>		RM120.00 (Per Worker / Setiap Pekerja)

Important Note: All benefits payable for any number of disabilities in any one given period of insurance is subject to Overall Annual Limit of RM10,000.00 per insured worker.

Nota Penting: Semua faedah-faedah yang dibayar bagi setiap ketidakupayaan bagi setiap tempoh insurans yang diberi tertakluk kepada Had Tahunan Keseluruhan sebanyak RM10,000.00 bagi setiap pekerja yang diinsuranskan.

FOREIGN WORKER'S PARTICULARS FORM / BORANG BUTIR-BUTIR PEKERJA ASING

LIST OF WORKERS TO BE COVERED UNDER SKHPPA / SENARAI NAMA PEKERJA YANG DILINDUNGI DI BAWAH SKHPPA

Name of Proposer / Employer _____
Nama Pencadang / Majikan

Business Registration No./ NRIC / Passport _____
Pendaftaran Syarikat / KP / Pasport

[illegible]

Reference / Rujukan :

* Gender / *Jantina* : (L) Male / *Lelaki*; (P) Female / *Perempuan*