

BORANG CADANGAN SKIM KEMASUKAN HOSPITAL & PEMBEDAHAN PEKERJA ASING (SKHPPA) KURNIA FOREIGN WORKER HOSPITALIZATION AND SURGICAL SCHEME PROPOSAL FORM (SKHPPA)

MUSTAHAK : KENYATAAN MENGIKUT SEKSYEN 149(4) AKTA INSURANCE 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.

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.

Agent / Broker's Name : _____ Agent Code. / No. Ejen : _____

BUTIR-BUTIR MAJIKAN / EMPLOYER'S PARTICULARS

1. No. Pendaftaran Syarikat/KP / Business Registration No./NRIC _____
2. Nama Pencadang / Majikan / Name of Proposer / Employer _____
3. Alamat Majikan / Address of Employer _____
Poskod / Postcode _____ Negeri / State _____
4. No. Telefon / Telephone No (Pejabat/Office) _____ (Bimbit/Mobile) _____
5. Alamat E-Mel / E-mail Address _____
6. Perniagaan/Pekerjaan / Business/Occupation ☐ Perkilangan / Factory ☐ Perladangan / Plantation ☐ Perkhidmatan / Servicing
☐ Pembuatan / Manufacturing ☐ Pembinaan / Construction ☐ Pertanian / Agriculture ☐ Pembantu Rumah / Maid

TEMPOH PERLINDUNGAN INSURANS / PERIOD OF INSURANCE COVERAGE

7. i) Tempoh Perlindungan / Period of Coverage _____ Bulan/ Months
- ii) Status Insurans / Insurance Status
☐ Permohonan Baru / New Business Under SKHPPA ☐ Pembaharuan / Renewal ☐ Pengambilalihan / Take-Over
8. Tarikh Perlindungan / Date of Coverage: Dari / From _____ Hingga / To _____
9. Bilangan pekerja yang akan diinsuranskan / No. of worker(s) to be insured _____
(jika lebih dari seorang (1) pekerja, sila lengkapkan Borang Butir-Butir Pekerja yang disertakan dalam lampiran ini)
(if more than one (1) worker, please complete the Workers Particulars Form)

TEMPAT PEKERJAAN / PLACE OF EMPLOYMENT

10. Hanya perlu diisi sekiranya Alamat Tempat Pekerjaan berlainan dengan Alamat Majikan di atas :-
To be filled up only if Place of Employment Address is not the same as the Address of Employer above :-
- a) No. Pendaftaran Syarikat / KP / Pasport / Rujukan Tapak Pembinaan / Rujukan Projek _____
Business Registration No./ NRIC /Passport / Construction Site No. / Project Reference No
- b) Alamat Tempat Pekerjaan / Place of Employment Address _____

BUTIR-BUTIR PEKERJA ASING [jika permohonan untuk seorang (1) pekerja, sila lengkapkan butir-butir berikut] :

FOREIGN WORKER'S PARTICULARS [If application is for only one (1) worker, please complete the following particular] :-

11. Nama Pekerja / Name of Worker _____
12. Warganegara / Nationality _____ 13. No. Pasport / Passport No _____
14. Tarikh Lahir (HH/BB/TT) / Date of Birth (DD/MM/YY) _____ 15. Jantina / Gender ☐ Lelaki / Male ☐ Perempuan / Female
16. Taraf Perkahwinan / Marital Status ☐ Bujang / Single ☐ Kahwin / Married ☐ Berceraai / Divorced ☐ Janda / Duda / Widow / Widower
17. No. Permit Kerja/ Work Permit No. _____ 18. Tarikh Luput Permit Kerja/ Work Permit Expiry Date _____
19. Jenis Pekerja / Nature of Work _____
20. Siapakah yang akan membayar premium untuk polisi insurans ini? / Who will be paying the premium for this insurance policy?
☐ Employer / Majikan ☐ Foreign worker themselves / Pekerja asing sendiri

PENGISYTIHARAN OLEH PENCADANG/ DECLARATION BY PROPOSER

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.

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.

Tarikh / Date _____

Tandatangan Pencadang/ Cop Syarikat (Signature of Proposer / Company Rubber Stamp) _____

**BORANG CADANGAN SKIM KEMASUKAN HOSPITAL & PEMBEDAHAN PEKERJA ASING (SKHPPA)
KURNIA FOREIGN WORKER HOSPITALIZATION AND SURGICAL SCHEME PROPOSAL FORM (SKHPPA)**

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

ITEM	BENEFITS	AMOUNT (RM)
1(a)	Bilik & Makan Harian [Maksimum tiga puluh (30) hari] Daily Hospital Room & Board [Maximum up to thirty (30) days]	
1(b)	Unit Rawatan Intensif [Maksimum lima belas (15) hari] Intensive Care Unit [Maximum up to fifteen (15) days]	
2.	Bekalan dan Khidmat Hospital / Hospital Supplies and Services	
3.	Bilik Pembedahan / Operating Theatre	
4.	Yuran Pembedahan (Tidak termasuk pemindahan organ) Surgical fees (Excluding organ transplantation)	
5.	Yuran Pakar Bius / Anaesthetist Fees	
6.	Lawatan Pakar Perubatan Dalam Hospital [Maksimum tiga puluh (30) hari] In-Hospital Physician Visits [Maximum up to thirty (30) days]	
7.	Lawatan Pakar Perundingan Dalam Hospital [Maksimum tiga puluh (30) hari] In-Hospital Specialist Consultation Visits [Maximum up to thirty (30) days]	
8.	Yuran Ambulan / Laporan Perubatan / Ambulance Fees/Medical Report Fees	
HAD MAKSIMUM TAHUNAN KESELURUHAN (Butir 1 hingga 8) MAXIMUM OVERALL ANNUAL LIMIT (ITEM 1-8)		RM10,000.00

PREMIUM TAHUNAN (Sebelum 6% Cukai Perkhidmatan dan RM10.00 Duti Setem)
ANNUAL PREMIUM (Before 6% Service Tax and RM10.00 Stamp Duty)

RM120.00 (Setiap Pekerja)
(Per Worker)

Note 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.

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.

<p>BUTIR-BUTIR BAYARAN / DETAILS OF PAYMENT</p> <p>Premium Tahunan / Annual Premium RM120.00 (setiap pekerja/ per worker)</p> <p>Jumlah Premium / Total Premium RM</p> <p>Cukai Perkhidmatan / Service Tax (6%) RM</p> <p>Duti Setem / Stamp Duty RM 10.00</p> <p>JUMLAH / TOTAL RM</p> <p>Semua Cek hendaklah dibayar atas nama "Kurnia Insurans (Malaysia) Berhad" All Cheques must be made payable to "Kurnia Insurans (Malaysia) Berhad"</p>	<p>UNTUK KEGUNAAN PEJABAT SAHAJA FOR OFFICE USE ONLY</p> <p>Bersama ini disertakan bayaran Tunai / Cek No Enclose herewith payment Cash / Cheque No</p> <p>_____</p> <p>Berjumlah / Amounting to RM _____</p> <p>Tarikh/Masa Diterima / Date/Time Received _____</p> <p>Tandatangan / Signature _____</p>
--	--