

**BORANG BUTIR-BUTIR PEKERJA ASING
 FOREIGN WORKER'S PARTICULARS FORM**
SENARAI NAMA PEKERJA YANG DILINDUNGI DI BAWAH SKHPPA / LIST OF WORKERS TO BE COVERED UNDER SKHPPA

Nama Pencadang / Majikan / Name of Proposer / Employer _____

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

Alamat Majikan / Address of Employer _____

 Perniagaan / Pekerjaan / Business / Occupation
 Perkilangan / Factory
 Perladangan / Plantation
 Perkhidmatan / Servicing
 Pembuatan / Manufacturing

 Pembinaan / Construction
 Pertanian / Agriculture
 Pembantu Rumah / Maid

Tarikh Perlindungan / Date of Coverage : Dari / From _____ Hingga / To _____

 Siapakah yang akan membayar premium untuk polisi insuran ini? / Who will be paying the premium for this insurance policy?
 Majikan / Employer
 Pekerja asing sendiri / Foreign Worker themselves

** Tarikh Berkuatkuasa Permit Kerja / Work Permit Effective Date (DD-MM-YYYY) _____ ** Tarikh Luput Permit Kerja / Work Permit Expiry Date (DD-MM-YYYY) _____

Bil No. Item No.	Nama Pekerja Name of Worker	Warganegara Nationality	No. Pasport Passport No.	Tarikh Lahir Date of Birth (DD-MM-YYYY)	(* Jantina) (* Gender)	Pekerjaan / Occupation	*** Permohonan Baru / Pembaharuan / Pengambilalihan / New / Renewal / Take-Over

 Rujukan / Reference:
 * Jantina Gender: (L) Lelaki / Male; (P) Perempuan / Female
 ** Tidak digunakan jika ia adalah permohonan baru di bawah Skim Kemasukan Hospital & Pembedahan Pekerja Asing / Not applicable for new application under Foreign Worker Hospitalization & Surgical Insurance Scheme
 *** Permohonan Baru / New (N); Pembaharuan / Renewal (R); Pengambilalihan / Take-Over (T)

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For attended client of Simon Poon Agency & Associate's Only