

**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 insuran 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)

**KURNIA INSURANS (MALAYSIA) BERHAD (44191-P)**

(A member of the Kurnia Group of Companies)

HEAD OFFICE: Menara Kurnia, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya, P.O. Box 8607, 46792 Petaling Jaya, Selangor Darul Ehsan.

Tel: +603-7875 3333 Fax: +603-7875 9933 E-mail: corporate@kurnia.com Website: www.kurnia.com

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**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]	As charged in accordance to charges consistent with Third (3rd) Class Room and Board to a maximum of RM60.00 per day in a Non-Corporatised Malaysian Government Hospital in conformance to the charges specified under Perintah Fi (Perubatan) 1982
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	
<b>HAD MAKSIMUM TAHUNAN KESELURUHAN (Butir 1 hingga 8) MAXIMUM OVERALL ANNUAL LIMIT (ITEM 1-8)</b>		<b>RM10,000.00</b>

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.

BUTIR-BUTIR BAYARAN / DETAILS OF PAYMENT	
Premium Tahunan / Annual Premium	RM120.00 (setiap pekerja/ per worker)
Jumlah Premium / Total Premium	RM
Cukai Perkhidmatan / Service Tax (6%)	RM
Duti Setem / Stamp Duty	RM 10.00
<b>JUMLAH / TOTAL</b>	<b>RM</b>

Semua Cek hendaklah dibayar atas nama "**Kurnia Insurans (Malaysia) Berhad**"  
All Cheques must be made payable to "**Kurnia Insurans (Malaysia) Berhad**"

UNTUK KEGUNAAN PEJABAT SAHAJA FOR OFFICE USE ONLY
Bersama ini disertakan bayaran Tunai / Cek No Enclose herewith payment Cash / Cheque No
_____
Berjumlah / Amounting to RM _____
Tarikh/Masa Diterima / Date/Time Received _____
Tandatangan / Signature _____