



MUI Continental Insurance Berhad

(Company no. 29123-D)

Head Office : Mezzanine & 1st Floor, Plaza See Hoy Chan,
Jalan Raja Chulan, 50200 Kuala Lumpur.

FWCS LEVY SCHEME CLAIM FORM

IMPORTANT :

This form is issued without admission of liability. As it is a condition of the policy that it shall be void if any false statement or declaration be made in support of a claim, care should be exercised in filling up this form.

1. Policy No/Endt. No :

2. Period Of Insurance:.....

3. Insured Name :

4. Address :

5. Place of Runaway/Accident :

6. Date of Runaway/Accident : Time :

7. Levy Recovered from Worker : Month = RM.....

WE/I HEREBY DECLARE and warrant the truth of the foregoing particulars in every respect, and agree that if WE/I have made, or if WE/I shall made, any false or untrue statement, suppression or concealment, the compensation allowed under this policy shall be absolutely forfeited.

Dated this

Signature of Insured.....

* Note : The following documents must be submitted and produced together with this claim form;

1. Copy of Worker Passport & work permit sticker (if any)
2. Copy of Immigration Approval Letter. (Calling Visa)
3. Copy of Policy Report.
4. Copy of Immigration cancelled work permit letter with IMM chop
OR Immigration compound receipt RM250.00
5. Copy of Immigration Levy Receipt.