



MUI Continental Insurance Berhad (29123-D)

Head Office / KL Branch

Mezzanine & 1st Floor, Plaza See Hoy Chan, Jalan Raja Chulan 50200 Kuala Lumpur Malaysia. Tel: 03-20709226 Fax: 03-20701226/4226/5226

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

MUSTAHAQ : 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.

No. Akaun (MUI Continental Insurance Berhad) / (MUI Continental Insurance Berhad) Account No. _____ No. Rujukan / Reference No _____

BUTIR-BUTIR MAJIKAN / EMPLOYER'S PARTICULARS

- No. Pendaftaran Syarikat/KP / Business Registration No./NRIC _____
- Nama Pencadang / Majikan / Name of Proposer / Employer _____
- Alamat Majikan / Address of Employer _____
Poskod / Postcode _____ Negeri / State _____
- No. Telefon / Telephone No (Pejabat/Office) _____ (Bimbit/Mobile) _____
- Alamat E-Mel / E-mail Address _____
- Perniagaan/Pekerjaan / Business/Occupation _____

TEMPOH PERLINDUNGAN INSURANS / PERIOD OF INSURANCE COVERAGE

- Tempoh Perlindungan / Period of Coverage _____ Bulan/ Months
- Tarikh Perlindungan / Date of Coverage: Dari / From _____ Hingga / To _____
- Bilangan pekerja yang akan diinsurankan / 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

- 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] :-

- Nama Pekerja / Name of Worker _____
- 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 Bercerai /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 _____

PENGISYTIHARAN OLEH PENCADANG/ DECLARATION BY PROPOSER

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

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
JUMLAH / TOTAL	RM _____

Semua Cek hendaklah dibayar atas nama "(MUI Continental Insurance Berhad)"
All Cheques must be made payable to "(MUI Continental Insurance 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 _____

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

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1) (a) Bilik Hospital & Makan Harian (Maksimum sehingga tiga puluh (30) hari)
Daily Hospital Room & Board (Maximum up to thirty (30) days)</p> <p>(b) Unit Rawatan Rapi (Maksimum sehingga lima belas (15) hari)
Intensive Care Unit [ICU] (Maximum up to fifteen (15) days)</p> <p>2) Bekalan dan Khidmat Hospital / Hospital Supplies and Services</p> <p>3) Bilik Bedah / Operating Theatre</p> <p>4) Bayaran Pembedahan (Tidak termasuk pemindahan organ)
Surgical Fees (Exclude organ transplantation)</p> <p>5) Bayaran Pakar Bius / Anesthetist's Fees</p> <p>6) Lawatan Pakar Perubatan Dalam Hospital (Maksimum sehingga tiga puluh (30) hari)
In-Hospital Physician Visits (Maximum up to thirty (30) days)</p> <p>7) Lawatan Rundingan Pakar Dalam Hospital (Maksimum sehingga tiga puluh (30) hari)
In-Hospital Specialist Consultation Visits (Maximum up to thirty (30) days)</p> <p>8) Bayaran Ambulans/Bayaran Laporan Perubatan / Ambulance Fees/Medical Report Fees</p> | <p>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 Fees Act 1951, Fees (Medical) Order 1982.</p> |
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HAD MAKSIMUM TAHUNAN KESELURUHAN (Perkara 1 hingga 8) RM10,000.00
MAXIMUM OVERALL ANNUAL LIMIT (Items 1 to 8)

PREMIUM TAHUNAN (Sebelum 6% Cukai Perkhidmatan dan RM10.00 Duti Setem) RM120.00 (Setiap Pekerja)
ANNUAL PREMIUM (Before 6% Service Tax and RM10.00 Stamp Duty) (Per Worker)

Nota Penting: Semua manfaat berbayar bagi apa-apa bilangan hilang upaya dalam mana-mana satu tempoh Insurans adalah tertakluk kepada Had Tahunan Keseluruhan sebanyak RM10,000.00 bagi setiap Orang 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 Person.

