BORANG CADANGAN SKIM PAMPASAN PEKERJA ASING (SPPA)



IMPORTANT NOTES

FOREIGN WORKERS COMPENSATION SCHEME (FWCS) PROPOSAL FORM

6th, 9th & 10th Floor, Menara BGI, Plaza Berjaya, No. 12, Jalan Imbi 55100 Kuala Lumpur P.O. Box 10028, 50700 Kuala Lumpur Tel: 03-2118 8000 Fax: 03-2118 8100, 2118 8101, 2118 8102 & 2118 8103

Website: www.progressiveinsurance.com.my

RANGKAIAN CAWANGAN / BRANCH NETWORK

BUTTERWORTH 2755, Ground & 1st Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang. Tel: +60 4397 7128 Fax: +60 4397 7126 2733, Glouin & ISt Floot, Johann Chain Felly, Talin Inderawasin, 19000 Flan, Seberalig Flan Tengan, Fehang.
No. 17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor.
13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka.
Ground & 7th Floor, Wisma Perkasa, Jalan Gaya, 88845 Kota Kinabalu, Sabah.
Sublot 11 & 12, Lots 9966 & 9967, 1st Floor, Premier 101, Jalan Tun Jugah, 93350 Kuching, P.O.Box 2749, 93754 Kuching, Sarawak.
1st Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah. JOHOR BAHRU Tel: +60 7227 0991/2 Fax: +60 7227 0996 MELAKA KOTA KINABALU Tel: +60 6288 3831 Tel: +60 8824 4216 Fax: +60 6288 3832 Fax: +60 8821 8004 KUCHING Tel: +60 8257 2019 Fax: +60 8257 2013 SANDAKAN Tel: +60 8923 8810 Fax: +60 8923 7709

NOTA-NOTA PENTING

- Perhatian anda harus diberikan kepada Waranti Premium yang berikut di dalam Polisi ini. Waranti ini menyatakan bahawa premium insurans ini hendaklah dibayar sepenuhnya dan diterima oleh Syarikat sebelum tarikh bermulanya polisi/ pengendorsan/sijil pembaharuan ini.
- Perlindungan insurans tidak akan berkuatkuasa sehingga Borang Cadangan ini diterima oleh Syarikat.
- Insurans ini dikawal oleh Undang-undang Akta Pampasan Pekeja dan Perintah, dan sebarang pindaan selanjutnya.
- 4. Bagi tujuan dan maksud sekiranya terdapat konflik atau kekaburan bekenaan makna di dalam peruntukan Bahasa Malaysia tentang mana-mana bahagian kontrak atau dokumen, adalah dipersetujui bahawa kontrak atau dokumen versi Bahasa Inggeris akan digunakan.

"PENERANGAN MENURUT SEKSYEN 149(4) AKTA INSURANS 1996"

Kamu adalah diminta menerangkan dengan penuh dan benar segala butir-butir yang kamu tahu atau harus tahu di atas cadangan insuran ini, kalau tidak polisi yang dikeluarkan menurut cadangan ini adalah tidak sah.

No. Nota Perlindungan / Cover Note No.

and any subsequent amendments thereof.

1. Your attention is drawn to the Premium Warranty attached to the Policy. By this

2. No cover is in force until this Proposal has been accepted by the Company.

3. This insurance is governed by the Workmen's Compensation Laws and Order,

warranty, the insurance premium must be paid in full and received by the

Company before the inception date of this policy/endorsement/renewal certificate.

For all intents and purposes where is a conflict or ambiguity as to the meaning in

the Bahasa Malaysia provision of any part of the contract or document, it is hereby agreed that the English version of the contract or document shall prevail.

"STATEMENT PURSUANT TO SECTION 149(4) OF THE INSURANCE ACT 1996"

You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

Perantara / Intermediary

*Sila jawab semua soalan sepenuhnya. Penggunaan tanda (🗸) dan (-) tidak memadai./ *Please answer all questions fully. Tick and dashes are not sufficient.

A. BUTIR-BUTIR	PENCAI	DANG / PAR	TICULAF	RS OF PRO	POSER					
Nama Pencadang/Ma Name of Proposer/Err	· .									
Alamat Surat-Menyura										
Correspondence Addr	ess					Poskod / Postcode				
Perniagaan/Pekerjaar	n / Busines	ss/Occupation								
No. Pendaftaran Pernia Employer's Business	•	•	•	an Pencadang						
Alamat Emel / E-mail	Address									
No. Telefon / Tel No.										
Sektor (sila tanda) Sector (please tick)	Binta Perlo Minir Peml	ndangan / Farmi Ing Ternakan / L Ing Ternakan & Kua Ing & Quarrying Ing an / Constru	ivestock ari / uction	☐ Pembuat ☐ Jualan B Wholesa	an / Forestry an / Manufacturing orong, Runcit & Bengkel le, Retail trade & Workshop					
	Peng	angkutan / <i>Tran</i>	sportation	Lain-lain	(sila nyatakan) / Others (ple	ease specify)				
Tempoh Perlindungan	-				Hingga/ To					
Period of Cover/Insura	ance	(HH/BB/TTT	T/ DD/MM/YY	YY)		(HH/BB/TTTT/ DD/MM/YYYY)				
B. BUTIR-BUTIR	PEKER	IA / PARTICU	JLARS C	OF WORKE	RS					
Alamat Tempat Pekerja	aan /									
Address of Place of Emp						Poskod / Postcode				
Bilangan Pekerja yang a No. of Worker (s) to be in		ngi:			(jika lebih daripada seorang (1) p s (if more than one (1) worker, p		• ,			

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	•	eorang (1) pekerja sahaja, sila l ne (1) worker, please complete i	•			ti be	eriku	it:												
	nma Pekerja nme of Worker																			
No	.Paspot / Passport No.		Wargane	egara / Nationality																
Ja	ntina / Gender	Lelaki / Male	Tarikh La	ahir /	Date	e of	Birt	h												
		☐ Perempuan / Female										(HH	/BB/T	TTT/	DD/	MM/Y	YYY)		
Та	rikh Luput Permit Kerja	/ Worker Permit Expiry Date						ı								-				
							(HH.	/BB/T	TTT	DD)	/MM/	YYYY	()							
Je	nis Pekerjaan / <i>Nature c</i>	of Work																		
Na	ıma Pewaris / Name of I	Next-of-kin/Dependant																		
Ηι	ibungan / Relationship																			
	amat Penuh Pewaris II Address of Next-of-Kir	n/ Dependant																		
C.	PEMBAYARAN BA	ALIK PREMIUM / REFUNI	D OF PREMIUM	IS																
ter In	sebut melalui cara E-Ba	barang pembayaran balik prem ayaran ke salah satu akaun beri due on this policy, we will arran	ikut:															-		one
		CARA PEMI	BAYARAN BALIK /	PAY	MEN	T N	1ETI	HOE)											
(a)	Nama Pihak Diinsuran	skan / Name of Insured Party:																		
(b)	Alamat Emel / E-mail A	Address:																		
(c)		/ K/P Askar atau Polis / No. Per Io. / Army or Police ID / Busines																		
(d)	No. Akaun Simpanan:																			
	Saving Account No:			Nama Bank / Name of Bank: Cawangan Bank / Branch of Bank:																
(e)	No. Akaun Semasa:																			
	Current Account No.:			Nama Bank / Name of Bank: Cawangan Bank / Branch of Bank:																
D.	DEKLARASI / DEC	CLARATION																		
ad kne or Sa Ins	alah benar dan betul dar owledge hereby confirme misstated any material fa ya/Kami setuju bahawa k surance Bhd dan boleh d	huan saya/kami sepenuhnya, m n saya/kami tidak menyembunyik od that the statements contained act. kenyataan dan perakuan di dalan isifatkan termaktub di dalam kon ne contract of insurance with Prog	kan, salah nyata ata in this proposal forn n borang cadangan trak tersebut./ I/We	iu sila n are ini al agre	ap ny true kan d	ata and lijad at th	mai d con ikan e sta	na-n rrect asa aten	nana and as ke	a fa d I/V epa	kta i Ve h da k nd d	mate nave contr lecla	erial. not ak ir aratio	/ I/V con nsur	Ve to	o the led, den	e be mis- ngan d in t	st of -repre	my. ese	our ented
	ndatangan Pencadana/N	1ajikan/ Signature of Proposer/E	 imployer									-	Tarikh	1 / D)ate:					
(Ar	nda tidak akan terikat untuk i	menyempurnakan insurans ini denga		rang i	ini/															

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E. DEKLARASI OLEH EJEN/PEGAWAI / DECLARATION BY AGENT/OFFICE	RS
Saya yang bertandatangan dibawah telah melihat sendiri Kad Pengenalan yang asal dan mengenai lain-lain dokumen seperti	pasti diri pemohon melalui Kad Pengenalan atau
I have sighted the original NRIC and verified the identity of the proposer through the use of NRIC or	r other documents such as
Name den tandatannan Fian/ Dawawai	No Kad Danganalan Fian/Danguai
Nama dan tandatangan Ejen/ Pegawai Name and Signature of Agent/Officer	No.Kad Pengenalan Ejen/Pegawai NRIC No.of Agent/Officer
Perhatian / Note:	
Satu salinan Kad Pengenalan mestilah diperolehi dari pemohon jika premium melebihi RM50,000 untuk polisi insurans perseoranga A copy of the NRIC must be obtained from the proposer for individual insurance policies only, where the premium is more than RM5	

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Borang Perihal Pekerja / Particulars of Workers Form

Nota: Butir-k Note: <i>Full p</i> a	Nota: Butir-butir setiap pekerja mesti dinyatakan kerana Kad Pengenalan akan dikeluarkan bagi setiap pekerja yang dilindungi. Note: <i>Full particulars of each worker must be furnished as Identity Card will be issued to every insured worker.</i>	atakan kerana Kao be <i>furnished as l</i> o	d Pengenal dentity Card	an akan dik <i>will be iss</i>	eluarkan bagi se ued to every insu	tiap pekerja yanı red worker.	g dilindungi.			
Bill No.	Nama Pekerja	No. Paspot	Tarikh	Jantina	Warganegara	Tarikh Luput	Jenis	Nama Pewaris	Hubungan	Alamat P
	Nama of Markor	Dassnort No						Name of Next-of-Kin/	Relationship	Full Addres
Item No.	Name of Morket	r assport ivo.	Lahir Date of	Gender	Nationality	Permit Kerja <i>Work Permit</i>	Pekerjaan Nature of Work	Dependant		De

	No. Muka Surat / Page No.			* Caj Perkhidm	D										Bill No. Item No.
	t / Page No. :		RM72.00	*Caj Perkhidmatan / *Service Charge : RM 5.00 setiap pekerja / per worker											Nama Pekerja Name of Worker
			2.00	: RM 5.00 setiap pekerja / per worker	On potion polyogi										No. Paspot Passport No.
				a / per won											Tarikh Lahir Date of Birth
				ker											Jantina Gender
															Warganegara Nationality
Jumlah Besar	Duti Setem / Stamp Duty	Caj Perkhidm	Tambahan 5% Cı	Jumlah Premium											Tarikh Luput Permit Kerja Work Permit Expiry Date
Jumlah Besar / Grand Total	Stamp Duty	Caj Perkhidmatan / Service Charge	6 Cukai Perkhidma	ium / Total Premium											Jenis Pekerjaan Nature of Work
		rge	ıkai Perkhidmatan / Add 5% Govt. Service Tax	n											Nama Pewaris Name of Next-of-Kin/ Dependant
			e Tax												Hubungan <i>Relationship</i>
: RM	: RM 10.00	RM	: RM	∵ RM											Alamat Penuh Pewaris Full Address of Next-of-Kin/ Dependant

^{*} RM5.00 Caj Perkhidmatan dibayar kepada Pembekal System Rangkaian Elektronik, Pentadbiran SPPA Sdh Bhd yang dilantik oleh Kementerian Sumber Manusia * RM5.00 Service Charge is payable to the Electronic Link-Up Service Provider, Pentadbiran SPPA Sdn Bhd appointed by the Ministry of Human Resources

Semua Cek mestilah dibayar kepada: / All Cheques must be made payable to: "Progressive Insurance Bhd"