

**BORANG  
CADANGAN SKIM  
KEMASUKAN  
HOSPITAL &  
PEMBEDAHAN  
PEKERJA  
ASING (SKHPPA)**



**PROGRESSIVE INSURANCE BHD (19002-P)**

7th, 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

**FOREIGN WORKERS  
HOSPITALISATION  
AND SURGICAL  
SCHEME  
PROPOSAL FORM  
(SKHPPA)**

**RANGKAIAN CAWANGAN / BRANCH NETWORK**

<b>BUTTERWORTH</b>	2755, Ground & 1st Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang.	Tel: +60 4397 7128	Fax: +60 4397 7126
<b>JOHOR BAHRU</b>	No. 17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor.	Tel: +60 7227 0991/2	Fax: +60 7227 0996
<b>MELAKA</b>	13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka.	Tel: +60 6288 3831	Fax: +60 6288 3832
<b>KOTA KINABALU</b>	Ground & 7th Floor, Wisma Perkasa, Jalan Gaya, 88845 Kota Kinabalu, Sabah.	Tel: +60 8824 4216	Fax: +60 8821 8004
<b>KUCHING</b>	Ground Floor, Lots 216 & 217, Jalan Haji Taha, 93400 Kuching, P.O. Box 2749, 93754 Kuching, Sarawak.	Tel: +60 8225 1788	Fax: +60 8242 3960
<b>SANDAKAN</b>	1st Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah.	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.
- Bagi tujuan dan maksud sekiranya terdapat konflik atau kekaburan bekeanan 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.

**IMPORTANT NOTES**

- Your attention is drawn to the Premium Warranty attached to the Policy. By this warranty, the insurance premium must be paid in full and received by the Company before the inception date of this policy/endorsement/renewal certificate.
- No cover is in force until this Proposal has been accepted by the Company.
- This insurance is governed by the Workmen's Compensation Laws and Order, and any subsequent amendments thereof.
- 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

No. Nota Perlindungan / Cover Note No.

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

**A. 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 / Tel No. No (Pejabat/Office)		Bimbit / Mobile	
Alamat E-Mel / E-mail Address			
Perniagaan / Pekerjaan / Business / Occupation			
Sektor (sila tanda) Sector (please tick)	<input type="checkbox"/> Perladangan / Farming	<input type="checkbox"/> Ladang / Plantation	<input type="checkbox"/> Memburu / Hunting
	<input type="checkbox"/> Bintang Ternakan / Livestock	<input type="checkbox"/> Perhutanan / Forestry	<input type="checkbox"/> Perikanan / Fishery
	<input type="checkbox"/> Perlombongan & Kuari / Mining & Quarrying	<input type="checkbox"/> Pembuatan / Manufacturing	<input type="checkbox"/> Pembekalan Elektrik, Gas & Air Electricity, Gas & Water Supply
	<input type="checkbox"/> Pembinaan / Construction	<input type="checkbox"/> Jualan Borong, Runcit & Bengkel Wholesale, Retail trade & Workshop	<input type="checkbox"/> Perkhidmatan / Services
	<input type="checkbox"/> Pengangkutan / Transportation	<input type="checkbox"/> Lain-lain (sila nyatakan) / Others (please specify) .....	

**B. 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)	

**C. 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:-

No. Pendaftaran Syarikat / KP / Pasport / Rujukan Tapak Pembinaan / Rujukan Projek Business Registration No./ NRIC /Passport / Construction Site No. / Project Reference No	
Alamat Tempat Pekerjaan Place of Employment Address	

## D. BUTIR-BUTIR PEKERJA ASING / FOREIGN WORKER'S PARTICULARS

(jika permohonan untuk seorang (1) pekerja, sila lengkapkan butir-butir berikut):- /  
(If application is for only one (1) worker, please complete the following particular):-

Nama Pekerja <i>Name of Worker</i>			
Warganegara / <i>Nationality</i>	No.Pasport / <i>Passport No.</i>		
Tarikh Lahir / <i>Date of Birth</i>  (HH/BB/TTTT/ DD/MM/YYYY)	Jantina / <i>Gender</i>	<input type="checkbox"/> Lelaki / <i>Male</i>	<input type="checkbox"/> Perempuan / <i>Female</i>
Taraf Perkahwinan / <i>Marital Status</i>	<input type="checkbox"/> Bujang / <i>Single</i>	<input type="checkbox"/> Bercerai / <i>Divorced</i>	<input type="checkbox"/> Janda / Duda / <i>Widow / Widower</i>
No. Permit Kerja / <i>Work Permit No</i>			
Tarikh Luput Permit Kerja / <i>Work Permit Expiry Date</i>			
Jenis Pekerja / <i>Nature of Work</i>			
Siapakah yang akan membayar premium untuk polisi insuran ini? <i>Who will be paying the premium for this insurance policy?</i>	<input type="checkbox"/> Majikan / <i>Employer</i>	<input type="checkbox"/> Pekerja asing sendiri / <i>Foreign worker themselves</i>	

## E. PEMBAYARAN BALIK PREMIUM / REFUND OF PREMIUMS

Jika sekiranya terdapat sebarang pembayaran balik premium kepada Pemegang Polisi ini, pihak Syarikat akan membayar balik bayaran tersebut melalui cara E-Bayaran ke salah satu akaun berikut:  
*In the event of any refund due on this policy, we will arrange remittance of the refund to the policy holder through E-Payment channel into one of the accounts below:*

### CARA PEMBAYARAN BALIK / PAYMENT METHOD

(a) Nama Pihak Diinsuranskan / <i>Name of Insured Party:</i>	
(b) Alamat Emel / <i>E-mail Address:</i>	
(c) No. K/P / No. Pasport / K/P Askar atau Polis / No. Pendaftaran Syarikat: <i>NRIC No. / Passport No. / Army or Police ID / Business Regn. No.:</i>	
(d) No. Akaun Simpanan: <i>Saving Account No.:</i>	
	Nama Bank / <i>Name of Bank:</i> Cawangan Bank / <i>Branch of Bank:</i>
(e) No. Akaun Semasa: <i>Current Account No.:</i>	
	Nama Bank / <i>Name of Bank:</i> Cawangan Bank / <i>Branch of Bank:</i>

## F. DEKLARASI / DECLARATION

Saya /Kami, pada pengetahuan saya/kami sepenuhnya, mengesahkan bahawa segala kenyataan yang terkandung didalam borang cadangan ini adalah benar dan betul dan saya/kami tidak menyembunyikan, salah nyata atau silap nyata mana-mana fakta material. / *I/We to the best of my/ our knowledge hereby confirmed that the statements contained in this proposal form are true and correct and I/We have not concealed, mis-represented or misstated any material fact.*

Saya/Kami setuju bahawa kenyataan dan perakuan di dalam borang cadangan ini akan dijadikan asas kepada kontrak insurans dengan Progressive Insurance Bhd dan boleh disifatkan termaktub di dalam kontrak tersebut. / *I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of insurance with Progressive Insurance Bhd and are deemed to be incorporated in the contract.*

Tarikh / *Date:* \_\_\_\_\_

\_\_\_\_\_  
*Signature of Proposer/Employer/Company Rubber Stamp*

(Anda tidak akan terikat untuk menyempurnakan insurans ini dengan menandatangani borang ini/  
*Signing this form does not bind you to complete the insurance*)

## G. DEKLARASI OLEH EJEN/PEGAWAI / DECLARATION BY AGENT/OFFICERS

Saya yang bertandatangan dibawah telah melihat sendiri Kad Pengenalan yang asal dan mengenai pasti diri pemohon melalui Kad Pengenalan atau lain-lain dokumen seperti \_\_\_\_\_

*I have sighted the original NRIC and verified the identity of the proposer through the use of NRIC or other documents such as*

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 perseorangan sahaja.  
*A copy of the NRIC must be obtained from the proposer for individual insurance policies only, where the premium is more than RM50,000.*

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

- 1) a) Bilik Hospital & Makan Harian (Maksimum tiga puluh (30) hari)  
*Daily Hospital Room & Board (Maximum up to thirty (30) days)*
- b) Unit Rawatan Intensif (Maksimum lima belas (15) hari)  
*Intensive Care Unit [ICU] (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 (Exclude organ transplantation)*
- 5) Yuran Pakar Bius / *Anesthetist's 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*

*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.*

**HAD MAKSIMUM TAHUNAN KESELURUHAN** (Butir 1 hingga 8)  
**MAXIMUM OVERALL ANNUAL LIMIT** (Item 1 to 8)

**RM10,000.00**

**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)

### Nota 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.

## KOD PEKERJAAN / OCCUPATION CODE

## KOD WARGANEGARAAN NATIONALITY CODE

<b>A1</b>	Farming - General Worker	<b>H14</b>	Service - Goldsmith	<b>01</b>	Indonesia
<b>A2</b>	Plantation - General Worker	<b>H15</b>	Service - Metal/Scrap/Recycle	<b>02</b>	Bangladesh
<b>A3</b>	Hunter	<b>H16</b>	Service - Gold Fields	<b>03</b>	Cambodia
<b>A4</b>	Livestock Worker	<b>H17</b>	Service - Spa Industries	<b>04</b>	Vietnam
<b>A5</b>	Forestry Worker	<b>H18</b>	Service - Alternatif Medication	<b>05</b>	Burma
<b>B1</b>	Fishery Worker	<b>H2</b>	Service - Dobby	<b>06</b>	China
<b>C1</b>	Mining & Quarrying Worker	<b>H3</b>	Service - Cleaner	<b>07</b>	Philiphine
<b>D1</b>	Manufacturing - Factory Worker	<b>H4</b>	Service - Caddy	<b>08</b>	Nepal
<b>D2</b>	Goods Distribution	<b>H5</b>	Service - Welfare Home Worker	<b>09</b>	India
<b>E1</b>	Utility Operator	<b>H6</b>	Service - Barber	<b>10</b>	Myanmar
<b>F1</b>	Construction Worker	<b>H7</b>	Service - Security Guard	<b>11</b>	Thailand
<b>G1</b>	Retail & Workshop Worker	<b>H8</b>	Service - Vocation Island	<b>12</b>	Pakistan
<b>H1</b>	Service - Hotel & Restorant Worker	<b>H9</b>	Service - Others	<b>13</b>	Sri Lanka
<b>H10</b>	Service - Cargo Handling	<b>I1</b>	Transport, Storage & Communication - General Worker	<b>14</b>	Taiwan
<b>H11</b>	Service - Restaurant Worker	<b>J1</b>	Factory		
<b>H12</b>	Service - Sundry & Wholsaler	<b>K1</b>	Domestics Maids		
<b>H13</b>	Service - Textile	<b>ZNIL</b>	ZZNIL		

**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: \_\_\_\_\_

Pendaftaran Syarikat / KP / Pasport / Business Registration No./ NRIC / Passport: \_\_\_\_\_

No. No.	Nama Pekerja Name of Worker (as per passport)	No. Pasport Passport No.	Jantina Gender*	Warganegara Nationality (refer to Code on Pg3)	Pekerjaan Occupation (refer to Code on Pg3)	Tarikh Lahir Date of Birth	Jenis Deklarasi Declaration Type**	Tarikh Mula Perlindungan Effective Date	Dibayar oleh Majikan Employer Pays (Please tick ✓)	Dibayar oleh Pekerja Employee Pays (Please tick ✓)

Rujukan/Reference:

\* (L) Lelaki / (M) Male ; (P) Perempuan / (F) Female

\*\* (A) = Tambahan / Addition ; (D) = Pemotongan / Deletion ; (N) = Baru / New ; (R) = Pembaharuan / Renew ; (U) = Terkini / Update

<b>BUTIR-BUTIR BAYARAN / DETAILS OF PAYMENT</b>	
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 PROGRESSIVE INSURANCE BHD  
All Cheques must be made payable to PROGRESSIVE INSURANCE BHD

<b>UNTUK KEGUNAAN PEJABAT SAHAJA FOR OFFICE USE ONLY</b>
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 _____