

**FOREIGN WORKER COMPENSATION SCHEME (FWCS)  
SKIM PAMPASAN PEKERJA ASING (SPPA)  
CLAIM FORM / BORANG TUNTUTAN**

**THE EMPLOYER / MAJIKAN**

Name of Policyholder  
*Nama pemegang polisi*

Notes

1. Full particulars of every accident are to be furnished by the Employer.
2. All employment accidents must be reported to the Labour Dept. immediately.
3. This form is sent out without prejudice to the terms of the policy.
4. If any details or information are not readily available, please forward this form without delay, and advise the missing details as soon as possible.
5. All written communication should be forwarded directly to the Company.

Nota

1. Butir penuh setiap kemalangan mesti diberikan oleh majikan.
2. Semua kemalangan pekerjaan hendaklah dilaporkan kepada Jabatan Buruh dengan serta merta.
3. Borang ini dihantar tanpa prasangka terhadap syarat-syarat polisi.
4. Jika apa-apa maklumat atau keterangan tidak dapat diperolehi sekarang, sila kembalikan borang ini dahulu dan memberitahu tentang maklumat apabila diterima kelak dengan secepat mungkin.
5. Semua perhubungan bertulis mesti dihantar terus kepada Syarikat.

Correspondence Address  
*Alamat Surat Menyurat*

Postcode /Poskod

Telephone No. / No Telefon

Fax No / No Faks

Trade / Business / Perniagaan

Policy No / No Polisi

Are you a GST Registrant?

Yes/Ya

No/Tidak

*Adakah anda pendaftar Cukai Barang & Perkhidmatan?*

If yes, please state the following :-

*Jika ya, sila nyatakan yang berikut :*

Registration No:

*No.Pendaftaran :* \_\_\_\_\_

Date Registered :

*Tarikh Pendaftaran :* \_\_\_\_\_

<b>THE INJURED WORKER / PEKERJA YANG TERCEDERA</b>	
1. Name / <i>Nama</i>	
2. Nationality / <i>Warganegara</i>	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indonesian <input type="checkbox"/> Filipino <input type="checkbox"/> Pakistani <input type="checkbox"/> Others / <i>Lain-lain</i> .....
3. Passport No. / <i>No. Pasport</i>	
4. FWCS ID Card Serial No. <i>No. Siri Kad Pengenalan SPPA</i>	
5. Marital Status <i>Taraf Perkahwinan</i>	<input type="checkbox"/> Married <i>Berkahwin</i> <input type="checkbox"/> Single <i>Bujang</i> <input type="checkbox"/> Divorced <i>Bercerai</i>
6. On what work was the injured worker engaged at the time of accident? <i>Apakah pekerjaan yang dilakukan oleh pekerja semasa kejadian/kemalangan?</i>	
7. If taken to hospital, please state name of Hospital <i>Jika dibawa ke hospital, nyatakan nama Hospital</i>	
8. a. Whether still in hospital? <i>Adakah masih di hospital</i> b. Whether in our out-patient or if discharged, date discharged <i>Samada di beri rawatan dalam atau luar atau jika dilepaskan, nyatakan tarikh pelepasan?</i>	<input type="checkbox"/> Yes / <i>Ya</i> <input type="checkbox"/> No / <i>Tidak</i>
9. If not taken to hospital, please state whether being medically attended, and if so by whom? <i>Jika tidak dibawa ke hospital, nyatakan samada diberi rawatan dan jika ya, oleh siapa?</i>	
10. Is the injured worker able to do partial work? <i>Adakah pekerja yang tercedera mampu melakukan kerja separa?</i>	<input type="checkbox"/> Yes / <i>Ya</i> <input type="checkbox"/> No / <i>Tidak</i>
11. What is the possible period of disablement (approx)? <i>Anggaran tempoh ketidakupayaan?</i>	_____ Months _____ Days <i>Bulan Hari</i>

<b>THE ACCIDENT / KEMALANGAN</b>	
1. As regards the accident please state: <i>Berkenaan dengan kemalangan, nyatakan:</i>	Date / <i>Tarikh</i> : Place / <i>Tempat</i> : Time / <i>Masa</i> :
2. On what date did the injured worker actually cease work? <i>Nyatakan tarikh pekerja berhenti bekerja?</i>	
3. How exactly did the accident occur? <i>Bagaimanakah kemalangan berlaku?</i>	
4. What was the general nature of the contract or working going on? <i>Apakah jenis kontrak atau pekerjaan yang dilakukan semasa kemalangan?</i>	
5. Description of the nature of injury. <i>Berikan keterangan kecederaan yang dialami.</i>	
6. Was the injured worker under the influence of drink or drugs at the time of accident? <i>Adakah pekerja yang tercedera di bawah pengaruh alcohol atau dadah semasa berlaku kemalangan?</i>	<input type="checkbox"/> Yes / <i>Ya</i> <input type="checkbox"/> No / <i>Tidak</i>
7. Has the accident been reported to the Labour Dept.? If so, state the name of the officer to whom report was made and their reference number. <i>Sudahkan kemalangan dilaporkan kepada Jabatan Buruh? Jika ya, nyatakan nama pegawai yang mengambil laporan dan nombor rujukan.</i>	
8. State the names of person who witnessed the accident. <i>Nyatakan nama-nama orang yang menyaksikan kemalangan tersebut.</i>	

**The Pacific Insurance Berhad (TPIB)-91603K**  
**e-PAYMENT Authorisation Form (Please Tick ( ✓ ) Accordingly)**

**\*\*IF YOU HAVE PREVIOUSLY ALREADY SUBMITTED THIS FORM AND THERE IS NO CHANGE IN YOUR BANKING DETAILS, YOU NO LONGER NEED TO SUBMIT THIS FORM.**

**Personal Data Protection Act 2010 (PDPA) Notice from The Pacific Insurance Berhad (TPIB) to you.**  
 Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to [www.pacificinsurance.com.my](http://www.pacificinsurance.com.my) for details of TPIB privacy notice.

New Registration

Update of Details

**Particulars (Please ensure accuracy of details) :**

<input type="checkbox"/> Agents	<input type="checkbox"/> Brokers	<input type="checkbox"/> Reinsurers	<input type="checkbox"/> Co-insurers	<input type="checkbox"/> Adjusters
<input type="checkbox"/> Repairers	<input type="checkbox"/> Insured	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Policyholder	<input type="checkbox"/> Solicitors
<input type="checkbox"/> Utilities	<input type="checkbox"/> Service Providers	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Others (Please specify in next box)	

Name :

Business/Company Registration No. (Non-Individual)

NRIC No. (Individual)

Postal Address :

Contact Number : Office: Mobile:

**Important: PLEASE NOTE THAT EMAIL WILL ONLY BE VALID IF THE TOTAL NUMBER OF CHARACTERS FOR EMAIL 1 AND EMAIL 2 DOES NOT EXCEED FORTY-NINE (49) CHARACTERS. @ - \_ (these examples are not exhaustive) ARE EACH CONSIDERED AS 1 CHARACTER.**

Email 1: (for notification of payment to Payee)

Email 2: (for notification of payment to Servicing Agent)

**Banking Details (Please ensure accuracy of details) :**

Bank Name : SWIFT CODE :

Bank Account No. :

Type of Account :  Savings Account  Current Account  Credit Card  Loan Account

**Declaration:**

- I/We hereby authorise TPIB to remit all payments due to me/us to my/our bank account details as indicated above. TPIB will not be liable for any financial loss due to the incorrectness, incompleteness or inaccuracies of the information provided above.
- TPIB may in its absolute discretion elect other modes (such as cheques, cash or bank drafts) other than the E-Payment mode as it deems fit.
- In the event the information provided above has changed, I/We shall inform TPIB of the changes accordingly. I/We understand that I/We need to state our Bank Name and Bank Account Number on each and every occasion a payment is due to us from TPIB.

I hereby agree to the above terms and conditions and declare that the

information provided above are true and correct.

Please return the completed form to the following address or email address:

**The Pacific Insurance Bhd (TPIB)-91603K**  
 40-01, Q Sentral 2A, Jalan Stesen Sentral 2,  
 Kuala Lumpur Sentral  
 P.O. Box 12490, 50470 Kuala Lumpur,  
 Malaysia Email : [epayment@pacificinsurance.com.my](mailto:epayment@pacificinsurance.com.my)

Authorised Signatory and Company Stamp

Date

**For internal Office use only:**

Verified By : Dept/Branch :

Client No : Date :

**Financial Services**

Created By : Verified By :

**Data Protection Statement/Kenyataan Perlindungan Data**

*Your privacy is important to us. The Pacific Insurance Berhad is committed to ensure that your personal data under our case is safe and secured. We will ensure that your information collected via this application and any other information that you may provide to The Pacific Insurance Berhad is used for the purposes of purchasing an insurance policy including but not limited to underwriting and administering your plan; processing service request; processing claims; complying with all applicable laws; conducting due diligence; performing our functions as an insurance company and such other purposes referred to in our Personal Data Policy. For further details on how we collect, process, share and retain your personal data, please refer to our website [www.pacificinsurance.com.my/](http://www.pacificinsurance.com.my/)* Privasi anda adalah penting bagi kami. The Pacific Insurance Berhad adalah komited untuk memastikan bahawa data peribadi anda di bawah jagaan kami adalah selamat dan terjamin. Kami akan memastikan bahawa maklumat anda yang dikumpulkan melalui permohonan ini dan apa-apa maklumat lain yang anda kemukakan untuk The Pacific Insurance Berhad digunakan untuk tujuan-tujuan membeli polisi insurans termasuk tetapi tidak terhad kepada pengunderaitan dan mentadbir pelan anda; permintaan perkhidmatan pemprosesan; pemprosesan tuntutan; mematuhi semua undang-undang; menjalankan usaha wajar; melaksanakan tugas kami sebagai sebuah syarikat insurans dan apa-apa maksud lain yang disebut dalam Dasar Data Peribadi kami. Untuk maklumat lanjut mengenai bagaimana kami mengumpul, memproses, berkongsi dan menyimpan data peribadi anda, sila rujuk kepada laman web kami di [www.pacificinsurance.com.my](http://www.pacificinsurance.com.my/).

**Authorization for Disclosure of Personal Information/Kebenaran untuk Pendedahan Maklumat Peribadi**

*The information you supply may be used by The Pacific Insurance Berhad and their agents to keep you informed by post, short message service (SMS), telephone, email or other means of services or products which may be of interest to you.* Maklumat yang anda bekalkan boleh digunakan oleh The Pacific Insurance Berhad dan ejen-ejen mereka untuk memaklumkan kepada anda melalui pos, khidmat pesanan ringkat (SMS), telefon, e-mel atau lain cara untuk perkhidmatan atau produk yang mungkin menarik minat anda.

**Access, corrections and complaints of your Personal Information/Akses, pembetulan dan aduan ke atas Maklumat Peribadi anda**

*The Pacific Insurance Berhad aims to ensure that your personal information is accurate up to date and complete. Should you wish to seek access or make correction of your personal information or make any enquiries or complaints, you may contact our Customer Hotline at 1800 88 1629 or fax to us at 03-20784928 or email us at [customerservice@pacificinsurance.com.my](mailto:customerservice@pacificinsurance.com.my) within 7 days from the date of submission of the claim form, failing which it is deemed that you have consented to the disclosure of the personal information.* The Pacific Insurance Berhad bertujuan untuk memastikan bahawa maklumat peribadi anda adalah tepat terkini dan lengkap. Sekiranya anda ingin mendapatkan akses atau membuat pembetulan maklumat peribadi anda atau membuat sebarang pertanyaan atau aduan, anda boleh hubungi Talian Perkhidmatan Pelanggan kami di 1800 88 1629 atau faks kepada kami di 03-20784928 atau e-mel kepada kami di [customerservice@pacificinsurance.com.my](mailto:customerservice@pacificinsurance.com.my) dalam masa 7 hari dari tarikh penyerahan borang tuntutan. Jika kami tidak menerima sebarang maklum balas daripada anda mengenai yang diatas, kami akan menganggap bahawa anda bersetuju kepada yang sama.

*I/We, do hereby declare that, to the best of my/our knowledge and belief, the foregoing particular and details are true and correct.*

Saya/Kami, mengisytiharkan bahawa kenyataan di atas adalah benar pada pengetahuan dan hemat saya/kami.

**Date:**

Tarikh: .....

.....  
**Signature of Insured/Employer**

Tandatangan orang yang diinsuranskan/Majikan  
(If company, endorse company stamp)



The Pacific Insurance Bhd (91603-K)  
太平保險有限公司  
40-01, Q Sentral 2A, Jalan Stesen Sentral 2,  
Kuala Lumpur Sentral  
P.O. Box 12490, 50470 Kuala Lumpur,  
Malaysia.  
Tel: +603 - 2633 8999 Fax: +603 - 2663 8998  
Website: [www.pacificinsurance.com.my](http://www.pacificinsurance.com.my)

**“FOR INTERMEDIARY/STAFF COMPLETION ONLY”**

Claim No :

<b>VERIFICATION ON AUTHENTICITY OF IDENTITY</b>	
In compliance with section 16(2) of Anti-Money Laundering Act 2001, I hereby confirm the following:	
<input type="checkbox"/>	Original identity document sighted
<input type="checkbox"/>	Photocopy of identity document attached
Name : _____	Signature : _____
NRIC : _____	Date : _____
Company : _____	
Rubber Stamp	