

**BORANG CADANGAN SKIM KEMASUKAN HOSPITAL DAN PEMBEDAHAN PEKERJA ASING (SKHPPA)
FOREIGN WORKER HOSPITALISATION AND SURGICAL SCHEME PROPOSAL FORM (SKHPPA)**

Menurut Perenggan 4 (1) Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini untuk memberi manfaat insurans perubatan kepada pekerja dan tanggungan mereka, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risiko dan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda. Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami. Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

Pursuant to Paragraph 4 (1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for the purpose of providing medical insurance benefits to your employees and their dependants, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

No. Akaun / Account No. _____ No. Rujukan / Reference No. _____

BUTIR-BUTIR MAJIKAN / EMPLOYER'S PARTICULARS

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

TEMPOH PERLINDUNGAN INSURANS / PERIOD OF INSURANCE COVERAGE

7. Tempoh Perlindungan / Period of Coverage _____ Bulan/ Months
8. Tarikh Perlindungan / Date of Coverage: Dari / From _____ Hingga / To _____
9. 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)
10. New Business/Polisi Baru Renewal/Pembaharuan Polisi _____

TEMPAT PEKERJAAN / PLACE OF EMPLOYMENT

11. 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 / Passport / 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 particulars]:**

12. Nama Pekerja / Name of Worker _____
13. Warganegara / Nationality _____ 14. No. Pasport / Passport No _____
15. Tarikh Lahir (HH/BB/TT) / Date of Birth (DD/MM/YY) _____ 16. Jantina/ Gender Lelaki / Male Perempuan / Female
17. Taraf Perkahwinan / Marital Status Bujang/Single Kahwin/Married Bercerai /Divorced Janda/Duda / Widow/Widower
18. No. Permit Kerja/ Work Permit No. _____ 19. Tarikh Luput Permit Kerja/ Work Permit Expiry Date _____
20. Jenis Pekerja / Nature of Work _____
21. Siapakah yang akan membayar premium untuk polisi insuran ini? /
Who will be paying the premium for this insurance policy? Employer / Majikan Foreign worker themselves / Pekerja asing sendiri

PENGISYTIHARAN OLEH PENCADANG/ DECLARATION BY PROPOSER

Bahawasanya dengan ini saya/kami mengakui dan mengesahkan sepanjang pengetahuan saya/kami pernyataan-pernyataan yang terkandung dalam borang cadangan ini benar dan betul dan saya/kami tidak menyembunyi, menyalah tafsir, memalsukan atau memberi pernyataan-pernyataan 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		UNTUK KEGUNAAN PEJABAT SAHAJA FOR OFFICE USE ONLY	
Premium Tahunan / Annual Premium	RM120.00 (setiap pekerja/ per worker)	Bersama ini disertakan bayaran Tunai / Cek No Enclose herewith payment Cash / Cheque No _____	
Jumlah Premium / Total Premium	RM	Berjumlah / Amounting to RM _____	
Cukai Perkhidmatan / GST (6%)	RM	Tarikh/Masa Diterima / Date/Time Received _____	
Duti Setem / Stamp Duty	RM 10.00	Tandatangan / Signature _____	
JUMLAH / TOTAL	RM		
Semua Cek hendaklah dibayar atas nama “ The Pacific Insurance Berhad ” All Cheques must be made payable to “ The Pacific Insurance Berhad ”			

Akta Perlindungan Data Peribadi 2010 (“APDP”) Pemberitahuan kepada pelanggan The Pacific Insurance Berhad (“TPIB”)

Dibawah APDP, terdapat pelbagai syarat yang mengawal pemprosesan data peribadi. Sila rujuk di www.pacificinsurance.com.my untuk maklumat terperinci notis privasi TPIB APDP.

Personal Data Protection Act 2010 (“PDPA”) Notification to customers of The Pacific Insurance Berhad (“TPIB”)

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.pacificinsurance.com.my for details of TPIB PDPA privacy notice.

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

<p>1) (a) Bilik & Makan Harian (Maksimum tiga puluh (30) hari) Daily Hospital Room & Board (Maximum up to thirty (30) days)</p> <p>(b) Unit Rawatan Intensif (Maksimum 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 Pembedahan / 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 tiga puluh (30) hari) In-Hospital Physician Visits (Maximum up to thirty (30) days)</p> <p>7) Lawatan Pakar Perundingan Dalam Hospital (Maksimum 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>Bayaran yang dikenakan – mengikut bayaran yang selaras dengan Bilik & Makan Kelas Ketiga (ke-3) sehingga maksimum RM160.00 sehari di Hospital Kerajaan Malaysia Bukan Korporat mengikut Akta Fi 1951, Perintah Fi (Perubatan) 1982</p> <p>As charged in accordance to charges consistent with Third (3rd) Class Room and Board to a maximum of RM160.00 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 (Butir 1 hingga 8) **RM20,000.00**
MAXIMUM OVERALL ANNUAL LIMIT (Item 1 to 8)

PREMIUM TAHUNAN (Sebelum 6% Cukai Perkhidmatan dan RM10.00 Duti Setem) **RM120.00 (Setiap Pekerja)**
ANNUAL PREMIUM (Before 6% GST 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 RM20,000.00 per insured worker.

