KURNIA INSURANS

BORANG CADANGAN SKIM KEMASUKAN HOSPITAL DAN PEMBEDAHAN PEKERJA ASING (SKHPPA)
KURNIA FOREIGN WORKERS HOSPITALIZATION AND SURGICAL INSURANCE SCHEME PROPOSAL FORM

MENURUT AKTA PERKHIDMATAN KEWANGAN 2013, Seksyen 129, Jadual 9, Perenggan 5: Adalah menjadi kewajipan pengguna untuk mengambil penjagaan munasabah untuk tidak membuat salah nyataan kepada penanggung insurans berlesen semasa menjawab apa-apa soalan yang diperlukan yang berkaitan dengan keputusan penanggung insurans samada untuk menerima atau tidak risiko dan kadar dan terma yang hendak dipakai.
STATEMENT PURSUANT TO FINANCIAL SERVICES ACT 2013, Section 129, Schedule 9, Para 5: It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any question which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied.

Nama Ejen / *Agent Name* : _____ No. Ejen / *Agent Code* : _____

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* _____ Negeri / *State* _____
4. No. Telefon / *Telephone No* (Pejabat/*Office*) _____ (Bimbit/*Mobile*) _____
5. Alamat E-Mel / E-mail Address _____
6. Perniagaan/Pekerjaan / *Business/Occupation* ☐ Perkilangan / *Factory* ☐ Perladangan / *Plantation* ☐ Perkhidmatan / *Servicing*
   ☐ Pembuatan / *Manufacturing* ☐ Pembinaan / *Construction* ☐ Pertanian / *Agriculture* ☐ Pembantu Rumah / *Maid*

TEMPOH PERLINDUNGAN INSURANS / *PERIOD OF INSURANCE COVERAGE*

7. i) Tempoh Perlindungan / *Period of Coverage* _____ Bulan / *Months*
   ii) Status Insurans / *Insurance Status*
   ☐ Permohonan Baru / *New Business under SKHPPA* ☐ Pembaharuan / *Renewal* ☐ Pengambilalihan / *Take-Over*
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*]

TEMPAT PEKERJAAN / *PLACE OF EMPLOYMENT*

10. 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] :-

11. Nama Pekerja / *Name of Worker* _____
12. 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* _____
20. Siapakah yang akan membayar premium untuk polisi insuran ini? / *Who will be paying the premium for this insurance policy*?
    ☐ Majikan / *Employer* ☐ Pekerja asing sendiri / *Foreign worker themselves*

BUTIR-BUTIR BAYARAN / *DETAILS OF PAYMENT*

Premium Tahunan / *Annual Premium*	RM127.20 (setiap pekerja/ *per worker*)
Duti Setem / *Stamp Duty*	RM 10.00
JUMLAH / *TOTAL*	RM137.20

Nota :
1)Premium yang dinyatakan adalah termasuk 6% GST.
2)Semua Cek hendaklah dibayar atas nama "**AmGeneral Insurance Berhad**"
Note :
1)Premium stated is inclusive of 6% GST.
*2)All Cheques must be made payable to "**AmGeneral 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* _____

AmGeneral Insurance Berhad (44191-P)
A member of the AmBank Group
Menara Shell, No. 211, Jalan Tun Sambanthan, 50470, Kuala Lumpur, Malaysia
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(GST Registration No.: 000789741568)

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

ITEM	FAEDAH / *BENEFITS*	*AMOUNT (RM)*
1(a)	Bilik & Makan Harian [Maksimum tiga puluh (30) hari] *Daily Hospital Room & Board [Maximum up to thirty (30) days]*	Bayaran yang dikenakan mengikut bayaran yang selaras dengan Bilik & Makan Kelas Ketiga (ke-3) sehingga maksimum RM160 sehari di Hospital Kerajaan Malaysia Bukan Korporat mengikut Akta Fi 1951, Perintah Fi (Perubatan) (Pindaan) 2014./ *As charged in accordance to charges consistent with third (3rd) Class Room & Board to a maximum of RM160 per day in a Non-Corporatised Malaysian Government Hospital in conformance to the charges specified under Fees Act 1951, Fees (Medical) (Amendment) Order 2014.*
1(b)	Unit Rawatan Intensif [Maksimum lima belas (15) hari] *Intensive Care Unit [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 (Excluding organ transplantation)*	
5.	Yuran Pakar Bius / *Anaesthetist 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*	
HAD MAKSIMUM TAHUNAN KESELURUHAN (Butir 1 hingga 8) ***MAXIMUM OVERALL ANNUAL LIMIT (ITEM 1-8)***		**RM20,000.00**

PREMIUM TAHUNAN (Premium termasuk 6% GST) **RM127.20 (Setiap Pekerja /**
ANNUAL PREMIUM (Premium inclusive of 6% GST) ***Per Worker*)**

Note Penting: Semua faedah-faedah yang dibayar bagi setiap ketidakupayaan bagi setiap tempoh insurans yang diberi tertaklul kepada Had Tahunan Keseluruhan sebanyak RM20,000.00 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 RM20,000.00 per insured worker.

PENGESAHAN KE ATAS KESAHIHAN PENGENALAN DIRI / *VERIFICATION ON AUTHENCITY OF IDENTITY*
Untuk Ejen/Kakitangan Sahaja / *For Agent/Staff Use Only*
Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001/*Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001*

Menurut Seksyen 16(2) Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, saya dengan ini mengesahkan bahawa Kad Pengenalan (KP)/Sijil Pendaftaran Perniagaan/Pasport asal Pencadang telah disahkan ketulenannya ketika urusniaga dijalankan./
In Compliance with Section 16(2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Proposer's original NRIC/Business Registration Certificate/Passport was verified and authenticated by me at the Point of Sale.

Nama Pencadang / *Name of Proposer*: _____ No Sijil Insurans/Polisi /*Cover note/Policy No.* :_____

PENGESAHAN/*VERIFICATION*

_____ _____
Tandatangan /*Signature* Nama Ejen/Kakitangan /*Name of Agent/Staff*
Tarikh/*Date* No. Kad Pengenalan /*NRIC No.*

PENGISYTIHARAN/DECLARATION
Saya/kami mengesahkan bahawa saya/kami telah memberi sepenuh perhatian untuk menjawab kesemua soalan yang terkandung secara jujur disepanjang pengetahuan dan ingatan dan saya/kami akan bertanggungjawab untuk memberitahu pihak Syarikat terhadap sebarang perubahan, pindaan atau penambahan pada soalan diatas sehingga Polisi dikeluarkan dan berkuatkuasa. Saya/kami faham bahawa Syarikat boleh membatalkan Polisi ini dan menolak sebarang tuntutan (sama ada keseluruhan atau sebahagian) sekiranya berlaku salah nyata, penerangan yang salah, kesilapan, tertinggal atau tidak mendedahkan fakta (sama ada terdapat pertanyaan/persoalan ataupun tidak dikemukakan mengenai yang sama) dengan niat atau tanpa niat untuk menipu Syarikat oleh saya/kami yang akan menjejaskan premium yang perlu dibayar atau terhadap penerimaan risiko oleh pihak Syarikat./
I/we hereby confirm that I/we have taken reasonable care to answer all the questions herein honestly and to the best of my/our knowledge, belief and recollection and that I/we shall remain under a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and comes into effect. I/we understand that the Company may avoid the policy and reject any claim payable thereunder (whether in whole or in part) in the event of a deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with or without an intention to defraud the Company by me/us which would have affected the premium payable or the acceptance of the risk by the Company.

_____ _____
Tarikh / *Date* Tandatangan Pencadang/ *Cop Syarikat (Signature of Proposer / Company Rubber Stamp)*

NOTA PENTING / *IMPORTANT NOTE* :
1. Lampiran Pemberitahuan Produk boleh didapati di laman web / Product Disclosure Sheet (PDS) can be obtained through our website www.kurnia.com. *Anda dinasihat membaca PDS sebelum membeli sebarang produk. / You are advised to read the PDS before you take out any product.*
2. AmGeneral Insurance Berhad dilesenkan di bawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia. / *AmGeneral Insurance Berhad is licensed under Financial Servies Act 2013 and regulated by Bank Negara Malaysia.* Versi penuh Notis Privasi boleh didapati di laman web kami di www.amgeneralinsurance.com untuk rujukan anda seterusnya. / *A full version of the Privacy Notice of AmGeneral Insurance Berhad is available on our website at www.amgeneralinsurance.com for your further reference.*
3. Sekiranya berlaku konflik atau percanggahan berhubung peruntukan teks Bahasa Inggeris dengan mana-mana Dokumen Kontrak dan apa-apa terjemahannya, maka teks Bahasa Inggeris akan diguna pakai / *In the event of conflict or discrepancy between the provisions of the English text of any of the Contract Document and any translation thereof, the English text shall prevail.*