

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

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.

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.

Agent Name / Nama Ejen: _____ Agent Code / Kod Ejen: _____

EMPLOYER'S PARTICULARS / BUTIR-BUTIR MAJIKAN

1. Business Registration/NRIC No. / No. Pendaftaran Syarikat/KP: _____
2. Name of Proposer/Employer / Nama Pencadang/Majikan: _____
3. Employer's Address / Alamat Majikan: _____
Postcode / Poskod: _____ State / Negeri: _____
4. Telephone No. / No. Telefon (Pejabat / Office): _____ (Mobile / Bimbit): _____
5. Email / Emet: _____
6. Business/Occupation / Perniagaan/Pekerjaan: Factory / Perkilangan Plantation / Perladangan Servicing / Perkhidmatan
 Manufacturing / Pembuatan Construction / Pembinaan Agriculture / Pertanian Maid / Pembantu Rumah

PERIOD OF INSURANCE COVERAGE / TEMPOH PERLINDUNGAN INSURANS

7. i) Period of Coverage / Tempoh Perlindungan: _____ Months / Bulan
ii) Insurance Status / Status Insurans:
 New Business / Permohonan Baru Renewal / Pembaharuan Take-Over / Pengambilalihan
8. Date of Coverage / Tarikh Perlindungan: From / Dari: _____ To / Hingga: _____
9. No. of worker(s) to be insured / Bilangan pekerja yang akan diinsurankan: _____ [if more than one (1) worker, please complete the Workers Particulars Form / jika lebih dari seorang (1) pekerja, sila lengkapkan Borang Butir-Butir Pekerja]

PLACE OF EMPLOYMENT / TEMPAT PEKERJAAN

10. To be filled up only if Place of Employment Address is not the same as the Employer's Address above / Hanya perlu diisi sekiranya Alamat Tempat Pekerjaan berlainan dengan Alamat Majikan di atas:
a) Business Registration/NRIC/Passport/Construction Site/Project Reference No. / No. Pendaftaran Syarikat/KP/Pasport/Rujukan Tapak Pembinaan/Rujukan Projek: _____
b) Place of Employment Address / Alamat Tempat Pekerjaan: _____

FOREIGN WORKER'S PARTICULARS [If application is for only one (1) worker, please complete the following particular]:
BUTIR-BUTIR PEKERJA ASING [jika permohonan untuk seorang (1) pekerja, sila lengkapkan butir-butir berikut]:

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

DETAILS OF PAYMENT/ BUTIR-BUTIR BAYARAN	(Per worker / Setiap Pekerja)
Annual Premium / Premium Tahunan (Before Service Tax / Sebelum Cukai Perkhidmatan)	RM120.00
Service Tax 6% / Cukai Perkhidmatan 6%	RM 7.20
Stamp Duty / Duti Setem	RM 10.00
TOTAL / JUMLAH	RM137.20

FOR OFFICE USE ONLY / UNTUK KEGUNAAN PEJABAT SAHAJA
Enclose herewith payment Cash/Cheque No.: Bersama ini disertakan bayaran Tunai / Cek No.
Amounting / Berjumlah (RM): _____
Date/Time Received / Tarikh/Masa Diterima: _____
Signature / Tandatangan _____

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

ITEM	BENEFITS / MANFAAT	AMOUNT / JUMLAH (RM)
1(a)	Daily Hospital Room & Board (Maximum up to 30 days) <i>Bilik Hospital & Makan Hari</i> (Maksimum sehingga 30 hari)	As charged in accordance to charges consistent with Third (3rd) Class Room & 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) (Amendment) Order 2014. / <i>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) (Pindaan) 2014.</i>
1(b)	Intensive Care Unit (ICU) (Maximum up to 15 days) <i>Unit Rawatan Rapi</i> (Maksimum sehingga 15 hari)	
2	Hospital Supplies and Services / <i>Bekalan dan Khidmat Hospital</i>	
3	Operating Theatre / <i>Bilik Bedah</i>	
4	Surgical fees (Excluding Organ Transplantation) <i>Bayaran Pembedahan (Tidak merangkumi Transplan Organ)</i>	
5	Anaesthetist Fees / <i>Bayaran Pakar Bius</i>	
6	In-Hospital Physician Visits (Maximum up to 30 days) <i>Lawatan Pakar Perubatan Dalam Hospital (Maksimum sehingga 30 hari)</i>	
7	In-Hospital Specialist Consultation Visits (Maximum up to 30 days) <i>Lawatan Rundingan Pakar Dalam Hospital (Maksimum sehingga 30 hari)</i>	
8	Ambulance Fees/Medical Report Fees <i>Bayaran Ambulans/Laporan Perubatan</i>	
MAXIMUM OVERALL ANNUAL LIMIT (ITEM 1-8) HAD TAHUNAN KESELURUHAN MAKSIMUM (PERKARA 1-8)		RM20,000.00

ANNUAL PREMIUM (Premium inclusive of all fees, excluding 6% Service Tax)
PREMIUM TAHUNAN (Premium termasuk semua fi, tidak termasuk 6% Cukai Perkhidmatan)

**RM120.00 (Per Worker /
Setiap Pekerja)**

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.

Note Penting: Semua manfaat yang dibayar bagi setiap ketidakupayaan bagi setiap Tempoh Insurans yang diberi tertakluk kepada Had Tahunan Keseluruhan sebanyak RM20,000.00 bagi setiap pekerja yang diinsuranskan.

VERIFICATION ON AUTHENCITY OF IDENTITY / PENGESAHAN KE ATAS KESAHIHAN PENGENALAN DIRI

For Agent/Staff Use Only / Untuk Ejen/Kakitangan Sahaja

Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 / Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001

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.

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) Baru/Sijil Pendaftaran Perniagaan/Pasport asal Pencadang telah disahkan ketulenannya ketika urusniaga dijalankan.

Name of Proposer / Nama Pencadang: _____ Cover Note/Policy No. / No. Nota Perlindungan/Polisi: _____

VERIFICATION / PENGESAHAN

Signature / Tandatangan
Date / Tarikh

Name of Agent/Staff / Nama Ejen/Kakitangan
NRIC No. / No. KP

DECLARATION OF PROPOSER / PENGISYTIHARAN PENCADANG

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 void 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.

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.

Yes / Ya No / Tidak

Date / Tarikh

Signature of Proposer/Company Rubber Stamp / Tandatangan Pencadang/Cop Syarikat

IMPORTANT NOTIS / NOTIS PENTING:

- Product Disclosure Sheet (PDS) can be obtained through our website www.kurnia.com. You are advised to read the PDS before you take out any product. / Lampiran Pemberitahuan Produk (PDS) boleh didapati di laman web www.kurnia.com. Anda dinasihat membaca PDS sebelum membeli sebarang produk.
- AmGeneral Insurance Berhad is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia. A full version of the Privacy Notice of AmGeneral Insurance Berhad is available on our website at www.amgeneralinsurance.com for your further reference. / AmGeneral Insurance Berhad dlesenkan dibawah Akta Perkhidmatan Kewangan 2013 dan dikawal selia oleh Bank Negara Malaysia. Versi lengkap Notis Privasi AmGeneral Insurance Berhad boleh didapati di laman web kami di www.amgeneralinsurance.com untuk rujukan lanjut.
- 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. / 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.