

**FOREIGN WORKER'S PARTICULARS FORM
BORANG BUTIR-BUTIR PEKERJA ASING**

Cover Page

LIST OF WORKERS TO BE COVERED UNDER SKHPPA / SENARAI NAMA PEKERJA YANG DILINDUNGI DI BAWAH SKHPPA

Name of Proposer/Employer / Nama Pencadang/Majikan _____

Business Registration/NRIC/Passport No. / No. Pendaftaran Syarikat/KP/Pasport _____

Employer's Address / Alamat Majikan _____

Business / Occupation / Perniagaan / Pekerjaan Factory / Perkilangan Plantation / Perladangan Servicing / Perkhidmatan Manufacturing / Pembuatan
 Construction / Pembinaan Agriculture / Pertanian Maid / Pembantu Rumah

Date of Coverage / Tarikh Perlindungan: From / Dari _____ To / Hingga _____

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

Insured For / Diinsuranskan untuk: Calling Visa Application / Permohonan Calling Visa Renewal Of Work Permit (PLKS) / Pembaharuan Permit Kerja (PLKS)
 Special Application Consented by KKM (6P) / Permohonan Khas Disetujui Oleh KKM (6P)

** Work Permit Effective Date (DD-MM-YYYY) / Tarikh Berkuatkuasa Permit Kerja _____ ** Work Permit Expiry Date (DD-MM-YYYY) / Tarikh Luput Permit Kerja _____

Item No./ Bil No.	Name of Worker / Nama Pekerja	Nationality / Warganegara	Passport No. / No. Pasport	Date of Birth (DD-MM-YYYY) / Tarikh Lahir (HH-BB-TTTT)	(* Gender) / (* Jantina)	Occupation / Pekerjaan	** Work Permit No. / Nombor Permit Kerja	*** New/Renewal/Take-Over / Permohonan Baru/ Pembaharuan/ Pengambilalihan

Reference / Rujukan:

* Gender: (L) Male; (P) Female / Jantina: (L) Lelaki; (P) Perempuan

** Not applicable for new application or 6P under Foreign Worker Hospitalization & Surgical Insurance Scheme / Tidak digunakan jika ia adalah permohonan baru di bawah Skim Kemasukan Hospital & Pembedahan Pekerja Asing atau 6P

*** (N) New / Permohonan Baru; (R) Renewal / Pembaharuan; (T) Take-Over / Pengambilalihan

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