



LONPAC INSURANCE BHD (307414-T)

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Internet Form
(Borang Internet)

WORKMEN'S COMPENSATION/EMPLOYERS' LIABILITY INSURANCE PAMPASAN PEKERJA/INSURANS LIABILITI MAJIKAN

NOTICE OF ACCIDENT / NOTIS KEMALANGAN

Note: Full particulars of every accident are to be furnished by the Employer.
Nota: Butir-butir penuh bagi setiap kemalangan perlu di sediakan oleh Majikan.

- The giving of the undermentioned information does not imply that the injured person is making, or will make a claim.
Pemberian maklumat di bawah tidak bermakna orang yang tercedera sedang atau akan membuat tuntutan.
- This form is sent without prejudice to the terms of the policy.
Borang ini dihantar tanpa prejudis terhadap syarat-syarat polisi.
- If any details of information are not readily available, please forward this form without delay, and advise the missing details as soon as possible.
Jika butir-butir maklumat tidak tersedia ada, sila majukan borang ini dengan segera, dan lengkapkan butir-butir yang diperlukan secepat mungkin.
- All written communication should be forwarded to the Company.
Semua komunikasi bertulis harus dimajukan kepada Syarikat.
- Medical report as per Form Labour 90 must be submitted to us for approval before you forward this to the Labour Commissioner for assessment.
Laporan perubatan seperti dalam Borang Buruh 90 perlu dihantar kepada kami untuk pengesahan sebelum anda majukan borang ini kepada Pesuruhjaya Buruh untuk penilaian.

Claim No. / No. Tuntutan : _____

THE EMPLOYER / MAJIKAN	
1. Name of Policyholder: <i>Nama Pemegang Polisi:</i>	
2. Business / <i>Perniagaan:</i>	
3. Address / <i>Alamat:</i>	
4. Number of Policy / <i>Bilangan Polisi:</i>	

THE INJURED PERSON / TERCEDERA	
1. Name / <i>Nama :</i>	
2. NRIC / <i>Kad Pengenalan :</i>	
3. Nationality / <i>Kewarganegaraan :</i>	Age / <i>Umur :</i> Sex / <i>Jantina :</i>
4. Address / <i>Alamat:</i>	
5. Whether married or single <i>Taraf perkahwinan</i>	
6. State occupation in which injured person is employed <i>Pekerjaan tercedera</i>	
7. On what work was the injured person engaged at the time of accident? <i>Apakah sedang dilakukan pada masa kejadian?</i>	
8. Was the injured person actually working when the accident occurred? <i>Adakah dia bekerja untuk majikan pada masa kejadian?</i>	
9. Is the injured person in your direct employ? If not please give name and address of Contractor. <i>Adakah dia pekerja tetap? Jika tidak berikan nama dan alamat Kontraktor.</i>	
10. When did the injured person enter your service? <i>Bilakah dia mula bekerja dengan majikan?</i>	
11. If taken to hospital please state name of Hospital. <i>Jika dibawa ke hospital, berikan nama Hospital.</i>	

12. (a) Whether still in hospital <i>Jika masih d hospital.</i>	
(b) Whether in or out-patient or if discharged, date of discharge. <i>Jika diberi rawatan pesakit luar atau jika telah dilepaskan, beri tarikh pelepasan.</i>	
13. If not taken to hospital, please state whether being medically attended, and if so by whom. <i>Jika tidak dibawa ke hospital, adakah dia dirawat dan oleh siapa?</i>	
14. Was the injured person free from Physical Infirmity at the time of the accident? If not give particulars. <i>Adakah tercedera bebas daripada penyakit Fizikal pada masa kemalangan? Jika tidak, berikan keterangan.</i>	
15. State whether returned to work, and if so, when? <i>Jika dia kembali bekerja dan jika ya, bila?</i>	
16. Are you satisfied the injured person has met with a bonafide accident of employment? <i>Adakah majikan yakin dia tercedera semasa dalam pekerjaan?</i>	
17. Is the injured person able to do partial work? <i>Adakah tercedera mampu membuat kerja separa?</i>	
18. What is the probable period of disablement (approximately)? <i>Apakah jangkaan jangkamasa ketidakupayaan?</i>	

THE ACCIDENT / KEMALANGAN	
1. As regards the accident please state. <i>Berkenaan dengan kemalangan, nyatakan.</i>	Date / Tarikh : Place / Tempat :
2. On what date did the injured person actually cease work? <i>Pada tarikh apakah pekerja berhenti bekerja?</i>	
3. What date did you receive notice of the accident and from whom? <i>Pada tarikh apakah majikan menerima maklumat tentang kemalangan?</i>	
4. Was anyone superintending the work the injured employee was engaged upon? If so, please state name <i>Adakah sesiapa mengawasi pekerja pada masa kejadian? Jika ya, nyatakan namanya</i>	
5. How exactly did the accident occur? <i>Bagaimana kejadian berlaku?</i>	
6. Has a report been made to the Labour Department? If so state whom and name of officer in charge <i>Adakah kemalangan dilaporkan pada Jabatan Buruh. Jika ya, nyatakan nama pegawai bertugas</i>	
7. Is SOCSO also attending to this claim? If so, state the SOCSO Reference Number <i>Adakah SOCSO berperanan dalam tuntutan ini? Jika ya, berikan No. Rujukan SOCSO</i>	
8. If the injury was caused by machinery or gearing:- <i>Jika kecederaan disebabkan oleh mesin:-</i> (a) Whether it was fenced or guarded? <i>Adakah ia berpagar?</i> (b) Was it being cleaned whilst in motion? <i>Adakah ia sedang dibersihkan sewaktu beroperasi?</i>	
9. What was the general nature of the contract or work going on? <i>Apakah jenis kerja yang sedang dijalankan?</i>	

10. Description of the nature of injury. <i>Deskripsi kecederaan.</i>	
11. Was the injured person under the influence of drink or drugs at the time of accident? <i>Adakah yang tercedera dibawah pengaruh alkohol ataupun dadah pada masa kemalangan?</i>	
12. Was the injured person guilty of any misconduct or disobedience to order or rules? If so, please give full particulars. <i>Adakah yang tercedera bersalah atas kecuaiian atau tidak mengikut arahan? Jika ya, sila terangkan.</i>	
13. State through whose neglect the accident occurred, if any. <i>Nyatakan pihak yang bersalah dalam kemalangan ini, jika ada.</i>	
14. State the names of persons who witnessed the accident. <i>Nyatakan nama sesiapa yang menjadi saksi kepada kemalangan tersebut.</i>	

I/We hereby declare the foregoing answers to be true in every respect to the best of my/our knowledge and belief and no information or particulars have been suppressed.

Saya/Kami mengaku bahawa butir-butir yang diberi adalah benar sepanjang pengetahuan saya/kami dan tiada maklumat yang terlindung.

Date / Tarikh: _____

Signature of Employer / Tandatangan Majikan

NOTE – On receipt of the particulars the Company may, if it so requires, ask for a Medical Certificate.

NOTA – Atas penerimaan butiran, Syarikat berhak jika perlu, meminta Sijil Perubatan.

WAGES STATEMENT / PENYATA GAJI

The purpose of the figures given below is to enable calculation of the amount of compensation due. It is essential, therefore, that the figures should be as accurate as possible.

Tujuan angka-angka diberi dibawah adalah untuk membolehkan pengiraan jumlah pampasan yang patut diterima. Ia adalah penting, bahawa angka-angka adalah paling tepat yang mungkin.

The figures, in view of the provisions of the Workmen's Compensation laws, require to be based upon the circumstances of the workmen's employment. There are three sets of circumstances, with corresponding variations in the basis of calculation, as follows:–

Angka-angka, mengikut peruntukan undang-undang pampasan pekerja, hendaklah berdasarkan keadaan pekerjaan pekerja. Wujud 3 set keadaan pekerjaan dengan perbezaan yang menjadi dasar pengiraan, seperti berikut:–

- (1) Where the workman has been employed by you continuously for not less than 6 months immediately preceding the accident – the figures to represent wages etc. received from you during those 6 months.
Dimana pekerja diambil bekerja oleh anda secara berterusan selama tidak kurang daripada 6 bulan sejurus sebelum kemalangan – angka-angka hendaklah mewakili gaji yang diterima daripada anda semasa 6 bulan itu.
- (2) When the workman has been employed by you continuously for less than 1 month immediately preceding the accident – the figures to represent wages etc. receivable during 6 months by workmen in similar employment under you or in your locality.
Apabila pekerja diambil bekerja secara berterusan oleh anda selama kurang daripada 1 bulan sejurus sebelum kemalangan, angka-angka hendaklah mewakili gaji yang patut diterima oleh pekerja selama 6 bulan dalam pekerjaan yang sama dibawah anda.
- (3) Where the workman has been employed by you continuously for more than 1 month but less than 6 months immediately preceding the accident – the figures to represent wages etc. received by the workman during his past continuous period of employment under you (however short or long) immediately preceding the accident – the number of days the period comprises to be stated.
Di mana pekerja diambil bekerja oleh anda secara berterusan melebihi 1 bulan tetapi kurang daripada 6 bulan sejurus sebelum kemalangan – angka-angka hendaklah mewakili gaji yang diterima oleh pekerja sewaktu jangka masa berterusan yang lampau beliau bekerja dibawah anda – Nyatakan berapa hari dalam jangkamasa berkenaan.

Kindly indicate the basis upon which the figures are given. In computing periods of continuous service, working backwards from the date of the accident, periods of absence from work not amounting to 14 consecutive days may be ignored.

Sila nyatakan dasar yang digunakan dalam penentuan nilai yang diberi. Dalam merekodkan tempoh bekerja secara berterusan, mengira ke belakang dari tarikh kemalangan, tempoh ketidak hadirannya dari kerja yang tidak berjumlah 14 hari berturut-turut boleh diabaikan.

Month (or other period) <i>Bulan</i> (atau tempoh lain)	Wages Paid (on Basis No. 1, 2 or 3 above) <i>Gaji Dibayar</i> (berdasarkan No. 1, 2 atau 3 diatas)	Bonuses, Value of Free Quarters of other Allowances <i>Bonus, Nilai 'Free Quarters'</i> <i>dari Elaun-elaun lain</i>	Total <i>Jumlah</i>
TOTAL / JUMLAH			

Date / Tarikh: _____

Employer's Signature / Tandatangan Majikan
(Company Chop where applicable)
(Cop Syarikat dimana perlu)

PERAKUAN PERUBATAN
Medical Certificate

AKTA PAMPASAN PEKERJA, 1952
Workmen's Compensation Act, 1952

Nama: Jantina:
Name: Sex:
Pekerjaan: KP No./No. Passport:
Occupation: I/C No./Passport No.:
No. Permit Kerja: Kewarganegaraan:
Work Permit No: Nationality:

Saya, Pegawai/Pengamal Perubatan yang bertandatangan di bawah ini mendapat tahu bahawa pihak menuntut di atas ada membuat suatu tuntutan pampasan di bawah Akta Pampasan Pekerja dan setelah memeriksa pihak menuntut tersebut, saya dengan ini memperakui bahawa:
I, the undersigned Medical Officer/Practitioner, understand that the above claimant is making a claim for compensation under the Workmen's Compensation Act, and having examined the said claimant, I hereby certify that:

1. Sepanjang yang saya percayai pihak menuntut itu berumur _____ tahun.
To the best of my belief the claimant is _____ years of age.

2. Pihak menuntut itu mengidap penyakit atau hilangupaya seperti berikut:-
The claimant is suffering from the following disease or disability:-
.....

3. Pada pendapat saya pihak menuntut itu telah menanggung had hilangupaya yang berikut yang disebabkan oleh kemalangan dalam pekerjaan itu:-
In my opinion the claimant has sustained the following degree of disablement as a result of an occupational accident.
 - *(i) Hilangupaya kekal sementara yang dianggarkan akan ditanggung dari hingga
Temporary total disablement which is estimated to last from to

 - *(ii) Hilangupaya separa bagi sementara yang dianggarkan akan ditanggung dari hingga
dan dalam tempoh itu kerja ringan adalah disyorkan, jika ada.
*Temporary partial disablement which is estimated to last from to
and during which period light duty if available, is recommended.*

 - *(iii) Tiada apa-apa hilangupaya kekal.
No permanent disablement.

 - *(iv) Hilangupaya langsung yang kekal disebabkan oleh
Permanent total disablement caused by
.....
.....
.....

 - *(v) Hilangupaya separa yang kekal sebagaimana yang disenaraikan dalam Jadual Pertama Akta itu.
Permanent partial disablement as listed in the First Schedule of the Act.
.....

 - *(vi) Hilangupaya separa yang kekal berjenis kelemahan anggota yang diperihalkan di bawah ini:
Permanent partial disablement in the form of physical impairment described hereunder:
.....
.....

Tarikh (Date): Tandatangan (Signature):
Nama dan Kelayakan (Name and Qualification):

FIRST SCHEDULE (Section 3 and 8)

List of injuries deemed to result in permanent total/partial Disablement.

<i>Serial No.</i>	<i>Description of injury</i>	<i>Percentage of loss of earning of capacity</i>	<i>Serial No.</i>	<i>Description of injury</i>	<i>Percentage of loss of earning of capacity</i>
1.	Loss of both hands or amputation at higher sites	100	Loss of –		
2.	Loss of a hand and a foot	100			
3.	Double amputation through leg or thigh, or amputation through leg or thigh on one side and loss of other foot	100		<u>A - Fingers of right or left hand</u>	
4.	Loss of sight to such an extent as to render the claimant unable to perform any work for which eye-sight is essential	100		<i>Index finger</i>	
5.	Very severe facial disfigurement	100	28.	Whole	14
6.	Absolute deafness	100	29.	Two phalanges	11
7.	Total paralysis	100	30.	One phalanx	9
8.	Injuries resulting in being permanently bedridden	100	31.	Guillotine amputation of tip without loss of bone	5
9.	Any other injury causing permanent total incapacity	100			
	<i>Amputation-upper limbs (either arm) cases</i>			<i>Middle finger</i>	
			32.	Whole	12
			33.	Two phalanges	9
			34.	One phalanx	7
			35.	Guillotine amputation of tip without loss of bone	4
				<i>Ring or little finger</i>	
			36.	Whole	7
			37.	Two phalanges	6
			38.	One phalanx	5
			39.	Guillotine amputation of tip without loss of bone	2
				<u>B - Toes of right or left foot</u>	
	<i>Amputation-lower limbs cases</i>			<i>Great toe</i>	
11.	Amputation of both feet resulting in end-bearing stumps	90			
12.	Amputation through both feet proximal to the metatarsophalangeal joint	80	40.	Through metatarso-phalangeal joint	14
13.	Loss of all toes of both feet through the metatarsophalangeal joint	40	41.	Part, with some loss of bone	3
14.	Loss of all toes of both feet proximal to the proximal inter-phalangeal joint	30		<i>Any other toe</i>	
15.	Loss of all toes of both feet distal to the proximal inter-phalangeal joint	20	42.	Through metatarso-phalangeal joint	3
16.	Amputation at hip	90	43.	Part, with some loss of bone	1
17.	Amputation below hip with stump not exceeding 5" in length measured from tip of great trochanter	80		<i>Two toes of one foot, excluding great toe</i>	
18.	Amputation below hip with stump exceeding 5" in length measured from tip of great trochanter but not beyond middle thigh	70	44.	Through metatarso-phalangeal joint	5
19.	Amputation below middle thigh to 3 1/2" below knee	60	45.	Part, with some loss of bone	2
20.	Amputation below knee with stump exceeding 3 1/2" but not exceeding 5"	50		<i>Three toes of one foot, excluding great toe</i>	
21.	Amputation below knee with stump exceeding 5"	40	46.	Through metatarso-phalangeal joint	6
22.	Amputation of one foot resulting in end-bearing	30	47.	Part, with some loss of bone	3
23.	Amputation through one foot proximal to the metatarso-phalangeal joint	30		<i>Four toes of one foot, excluding great toe</i>	
24.	Loss of all toes of one foot through the metatarso-phalangeal joint	20	48.	Through metatarso-phalangeal joint	9
	<i>Other injuries</i>		49.	Part, with some loss of bone	3
25.	Loss of one eye, without complications, the other being normal	40			
26.	Loss of vision of one eye without complications or disfigurement of eye-ball, the other being normal	30			
27.	Permanent total loss of hearing in one ear	20			

(NOTE - Complete and permanent loss of the use of any limb or member referred to in this Schedule shall be deemed to be the equivalent of the loss of that limb or member.)